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ABSTRACT

This monograph synthesizes information presented at a July 10, 1991, Congressional staff briefing on many dimensions of the child welfare service system and its reform. Summaries of the participants' statements at the briefing are presented and a reproduction of a background paper on child welfare: "Child Welfare: The Context for Reform" (Brenda G. McGowan), is included. Of two panels, one addressed the roles of professionals and other workers in the system, and the other panel reviewed private and public perspectives on how to improve the current system. Both panels illustrate the need for reform through references to the types of injuries and threatened injuries to children. In addition, several panelists express appreciation for the steady stream of supportive services delivered to children and families. Panelists emphasize the need for balance between prevention programs and investigation and treatment efforts. The background paper presents the context for reform by reviewing the evolution of child welfare services, presenting an overview of child welfare services as they are today, and reviewing promising approaches and recommendations for change. Statistical data are provided in seven figures and three tables. Also included are a briefing agenda; a list of panel speakers and resource personnel; and appendices containing a "Federal Legislative Framework for Service Provision" and a list of organizational resources. There is a 115-item list of references. (JB)

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CHILD WELFARE REFORM

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CHILD WELFARE REFORM

October 1991

NATIONAL CENTER FOR CHILDREN IN POVERTY
Columbia University School of Public Health

The National Center for Children in Poverty (NCCP) was established in 1989 at the School of Public Health, Columbia University. Its goal is to strengthen programs and policies for children and their families who live in poverty in the United States. The Center seeks to achieve this goal through interdisciplinary analysis and dissemination of information about public and private initiatives in the areas of early childhood care and education, maternal and child health, and the integration and coordination of services for young children and their families.

The Center gratefully acknowledges the generosity of the Foundation for Child Development for its support in sponsoring the Congressional Staff Briefing on July 10, 1991, which formed the basis for this report, *Child Welfare Reform*. The Center also gratefully acknowledges the support of the Ford Foundation and the Carnegie Corporation of New York for the Center's publications program.

Child Welfare Reform. Report Series. 1991. National Center for Children in Poverty, 154 Haven Avenue, New York, NY 10032. (212) 927-8793. FAX (212) 927-9162. The Report Series is part of the Center's overall publications program, which is intended to disseminate knowledge and ideas that will contribute to improved services for poor young children and their families.

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I.

THE NEED FOR CHILD WELFARE REFORM

Over the past several years many task forces, commissions, reports, hearings, and daily newspapers have examined closely the weaknesses in the present system of protecting children against abuse and neglect. Proposals for major child welfare reforms have been introduced in both houses of Congress.

This report synthesizes information presented at a July 10, 1991, Congressional Staff Briefing held in the Dirksen Senate Office Building, Washington, DC. The briefing covered many dimensions of the child welfare service system, including primary prevention programs at the community level, family preservation efforts, temporary out-of-home placements (foster care or residential treatment), and permanency planning for children (reunification with families or adoption).

The report presents summaries of the participants' statements at the briefing (Section II), and it includes a background document on child welfare (Section III). The briefing agenda appears on page 3, and a list of speakers and resource people appears on page 4. A brief list of organizational resources concerning the topic of child welfare appears at the back of the report, on page 62.

Speakers at the Congressional Staff Briefing described the day-to-day realities of the current child welfare system. One panel addressed the roles of professionals and other workers in the system: judges, state commissioners, departmental supervisors, social workers, and foster parents. A second panel reviewed private and public perspectives on how to improve the current system.

In both panels the need for reform was illustrated through references to the types of injuries and threatened injuries to children encountered every day by those who work in the child welfare system—including incest, many other types of child abuse and neglect, drug abuse, and violence. On the other hand, several panelists expressed appreciation for the steady stream of supportive services delivered to children and families throughout the United States—work that involves the staffs of public child welfare agencies, law enforcement officers, juvenile and family courts, schools and the police, hospitals and housing authorities, foster families, adoptive parents, and a host of private service organizations. The speakers' comments highlighted the increasing pressures that confront child welfare workers and administrators today—and the futility of reform efforts that address only one part of the full range of services required to help families and children at risk.

The need for balance between prevention programs and investigation/treatment efforts was stressed, as was the need for increased funding and for flexibility in federal regulations and financial assistance. The call for collaboration was unanimous, as was the call for a renewed focus on families and neighborhoods. As one panelist noted, "When a kid runs away from a juvenile correctional facility, he does not head for California. He goes home."

Harold A. Richman's summary of the day's discussions reflected the concern of both the panel members and the audience:

> "Child welfare is not another social program. It deals with life and death issues. It deals with coercive state interventions: the stripping away of a family's privacy, the taking of a child from a family, and the presumption of a public standard of acceptable and unacceptable parenting. Its consequences have life-long effects. The values it deals with, too often cavalierly, are the values that define our society.
>
> Child welfare is different because it cannot be about one thing. It must be about many things:
>
> - If you have a wonderful system of investigation of child abuse or neglect, yet you have no service to help keep a family together, then you have failed the child and family and the public interest.
> - If you have a good investigative branch and good services to help keep the family together, but you have poor foster care for those children who must be placed, then you have failed the child and his family and the public interest. In fact, you have perpetrated a terrible hoax on the child, asking him to trade the devil he knows for a possibly equally bad or even worse devil he doesn't know.
> - If you have good investigators, good family services, good foster care, good health care, and good mental health services, but terrible residential or institutional care, then you have failed the child who needs such care and the parents and foster parents who have proven that the child can make it only with such specialized care."

Child maltreatment affects children of all socioeconomic levels. The reported incidence of abuse and neglect, however, is much greater for children from low-income families. Thus the role of poverty in the lives of children, and the impact of poverty on their growth and development and their family and community life, must be part of the backdrop for efforts to improve the child welfare system.

Judith E. Jones
Director, National Center for Children in Poverty

Barbara B. Blum
Chair, Council of Advisors
National Center for Children in Poverty

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II.

JULY 10, 1991, CONGRESSIONAL STAFF BRIEFING ON CHILD WELFARE REFORM

Dirksen Senate Office Building
Washington, DC
9:30 A.M. – 1:30 P.M.

A G E N D A

Opening Remarks—
Judith E. Jones, Director
National Center for Children in Poverty
Columbia University

SETTING THE CONTEXT: What is Child Welfare: Who Needs the Services, What Are the Services, Who Gets the Services, and Who Gives the Services?

Dr. Sheryl Brissett-Chapman
Associate Director
Division of Child Protection
Children's Hospital, National Medical Center
Washington, DC

THE PLAYERS IN TODAY'S SYSTEM: A Chat with the Front Line

Moderator:
Sandy Matava, Senior Fellow
John W. McCormack Institute
University of Massachusetts
Boston, Massachusetts

Charles E. Hayward, Secretary
Delaware Department of Services for Children, Youth and Their Families

Bonnie L. Roberts, foster parent
Program Director
Massachusetts Association for Professional Foster Care

Dorie Arbach, Social Worker
Social Services Department
Prince George's County, Maryland

Julius Hayes, Social Work Supervisor
The Family Center Number One
Department of Human Services
Philadelphia, Pennsylvania

Hon. Leonard P. Edwards, II
Superior Court, San Jose, California

HOW CAN THE SYSTEM BE IMPROVED: Setting the Agenda for Reform

Moderator:
Dr. Harold A. Richman, Director
Chapin Hall Center for Children
University of Chicago

Sister Mary Paul Janchill, Clinical Director
Center for Family Life
Brooklyn, New York

Terri Barreiro, Senior Director
United Way Services
United Way of Minneapolis

Gary J. Stangler
Director
Missouri Department of Social Services

Ruth W. Massinga
President
The Casey Family Program
Seattle, Washington

Summary—
Dr. Harold A. Richman

Closing Remarks—
Judith E. Jones

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Presentation Summaries

The two-panel Congressional Staff Briefing on July 10 was designed to provide information on the day-to-day realities of the current child welfare system and to present some suggestions, from those professionals who work in the field, about how to improve the current system. One panel portrayed the various roles that professionals and other workers play in the system, and a second panel reviewed various perspectives on how to improve the current system.

In her introduction to the two panels, **Dr. Sheryl Brissett-Chapman** outlined several background issues concerning child welfare reform:

> The discussions that will ensue today may reflect substantial complexity, and in some instances ambiguity, in the field of child welfare. Max De Pree, in his recent writings on leadership stated: "Leaders don't inflict pain, they bear pain;" and, "Leaders embrace complexity and ambiguity in order to make a difference for those who allow them to lead."
>
> The current crisis in child welfare must exact a national "vision" and a leadership that builds, in an informed fashion, on the strengths of the social service system for vulnerable children and their families, and at the same time tackles the pointed obstacles identified in numerous policy reports. It is imperative that we legislate, rather than litigate, this opportunity to forge an optimal national response to the question, "Am I the keeper of my brother's children? If so, how so?" The future of millions of American children is at stake, involving not only their physical survival and mental stability but the equally important and ultimate right of children to a childhood that offers family nurturing, stimulation, and protection, as well as the right of families to provide for their children. The implications for our society's well-being are enormous and unavoidable.
>
> Brenda McGowan of Columbia University's School of Social Work has done an excellent job of summarizing the full context and evolution of child welfare. In a nutshell, the child welfare system is a defined set of services, both public and private, which are designed to protect and support children whose parents are unable or unwilling to protect them. Less than 3% of the nation's children are served through the child welfare system annually, but their families are disproportionately members of ethnic minorities, are poor, are living in inner-cities, and are often besieged by multiple problems such as homelessness or near-homelessness, drug addiction and HIV infection, lack of employment skills, and histories of childhood victimization, neglect, or domestic and community violence.
>
> Traditionally, child welfare services have been classified as supportive, supplementary, protective, and involving substitute care. McGowan describes *supportive services* as including parent-child counseling, information and referral, child development programs, and family life education, all of which ideally aim to enhance parental and child functioning in families at risk. *Supplementary services* include homemaking care, day care, respite care, day treatment and case management, all of which help parents carry out their normal role obligations. These two services are generally referred to together as *preventive services*.

Protective services aim to identify, investigate, assess risk, treat, and care for children who are being maltreated, i.e., physically or sexually abused, neglected, or exploited; and *substitute care* replaces the care (for temporary or long-term periods) that is normally provided by biological parents. This type of care includes short-term diagnostic centers, foster family and adoptive homes, group homes, and large residential facilities. These various systems should be able to provide appropriate quality services in a timely fashion to highly vulnerable children and their families, as needed.

The reality, however, is that most of these systems, if not all, are underfunded, particularly preventive services, so that families do not receive more-supportive, less-intrusive government interventions. Families in need are more likely to face the protective service system only, where their children are removed from them and placed in foster care. Help is offered only when the family has become a priority for services—when it has lost its resiliency, has almost irreversible problems, and has children who cannot remain at home safely. The fiscal and human costs are high, and the visibility and failure of the systems are prominent. Despite the number of children and families who have benefited from many outside interventions, the inadequacy and limits of our current child welfare system have been reported on in every major newspaper in America, on more than one occasion.

We do not have good national data concerning who gets served in what way, and what the characteristics are of the families, but we do know that the 2.5 million reports of child abuse in 1989 represented a 274% increase over 1976, with sexual abuse increasing 31% in the last five years alone. We also know that after a 1978–1985 decline in foster care, a 50% increase has occurred over the last five years. Over 600,000 children are now in foster care in a given year.

In summary, child welfare systems throughout the United States are challenged by inherent value conflicts and perspectives. Do we take a punitive approach to mothers who inflict addictive substances on their young before they are born, or do we heal, educate, and support? Do we utilize shrinking economic resources for prevention services aimed to all children, or to children who are particularly at risk for maltreatment and neglect, or do we invest in intensive, expensive, and comprehensive interventions to ameliorate the effects of victimization (thus preventing the continued intergenerational costs to the family and the society)? How do we balance dimensions of authority and responsibility between the parents? the family at large? the professoinals? foster and adoptive parents? the community? the larger society? Whose interests and rights dominate? Finally, do we "rescue" children or "support" families?

Ultimately, child welfare reform must address these pressing dilemmas, and not with quick fix responses. The complexity must account for a societal vision regarding the importance of meeting the needs of children and their irrevocable, critical dependence on families that can nurture and protect. Only then can we legislate a humane, ethical, and practical response. Only then can we insist on *every* child having a right to childhood.

The first panel analyzed several aspects of the current child welfare system from the perspectives of administrators, supervisors, and front-line workers in the system:

Charles E. Hayward, Delaware's Secretary of the Department of Services for Children, Youth, and Families, presented an administrative overview of how child welfare services are organized in his state:

> The question of child welfare reform has been a major issue throughout the country. I will try to provide a picture of some of the problems that face us, although I do want to stress that there are some positive activities going on. Concerning my department, it is the youngest state department, begun in 1984, and we are still pulling together a number of services. We are taking some pieces out of the family court, and some from the department of health and social services. We now have child protective services, youth and rehabilitation (correction) services for juvenile offenders, and mental health and preventive services, such as drug and alcohol abuse prevention.
>
> Since our department was created, we have begun dealing with three problems that were not even contemplated when the department was formed—the AIDS/HIV problem, the drug epidemic, and homelessness. These are now the major issues we deal with on a daily basis, and the number of sexual abuse cases has increased greatly as well. These societal changes have occurred since the last overhaul of the child welfare system in 1980—P.L. 96-272. Thus any new legislation has to be flexible and allow agencies to meet whatever problems they may face on a daily basis. We cannot have legislation that just deals with alcohol and drug abuse, because there are other things out there that we may be forced to deal with later. Whatever we do, we need to provide agencies with creative ways of doing new things—contrary to the way agencies are handcuffed today.
>
> We have not had enough funds to carry out services that are needed, and clearly there has not been enough funding at the preventive end. I bring your attention to the APWA report (National Commission on Child Welfare and Family Preservation, 1990) in which the first two sections deal with helping families before they fail and fall into the "deep end" of the system. The key here is that we need to put more funds into the front end of the system.
>
> When you bring a number of people together into a comprehensive program for children, as we have, there are many challenges. In order to truly help children and families, we have to deal not only with child welfare and protection services, but we have to deal with communities. Unless we ensure that the many groups involved work in concert, from public health and the courts, to AFDC and Medicaid, etc., the front-line workers will be left to mesh together myriad regulations.
>
> In a department like mine, we have had to develop a common vision so that everyone identifies with the same "family focus" framework. We have tried to deal with the family preservation issue, going beyond child protection into mental health, juvenile corrections, and the schools, so that we can look at what the family needs the most. We have developed an extensive training program for all staff members and others we work with, from the clerks and the janitors to the psychologists and the psychiatrists. Until an organization has a focus and a mission and a direction, the differently trained professionals may be working at cross-purposes.
>
> We also need to take a close look at the way we treat our front-line workers who are the backbone of the services. While we can try to seek out new technologies, there is very little we can do to change what a worker actually does. We need to better recognize and

appreciate what the worker does on a daily basis. Front-line work is a tough job. We have to look at how workers are paid and we have to put systems in place to retain workers in the system. In our department we have rid ourselves of the notion of separating social workers from probation officers, etc., and we have established multidisciplinary work patterns so that workers can switch back and forth, performing different types of services.

Bonnie L. Roberts is both a trained foster parent and a program director of family support services for a membership and advocacy group, the Massachusetts Association for Professional Foster Care, where she works with foster/adoptive parents who need mediation and/or advocacy for their children or who are involved with the legal system in some way, such as an adoption situation. Concerning her role as a foster parent, Mrs. Roberts commented:

> My job as a foster parent for the past thirteen years has been to nurture and love, mend and heal those children who live with my family for an undetermined amount of time. I consider myself an important part of a professional team that makes decisions about the children. I see myself as often the only consistent person in the child's life. Social workers change and supervisors change, but as the foster parent, I remain constant.
>
> One of the reasons people become foster parents is because of the satisfaction they feel by helping someone, similar to nurses or other caretakers. Foster parents recruit foster parents because we feel good about what we are doing. To retain trained foster parents, we need to improve the rates of reimbursement so that the cost of the foster care child will not be a drain on the family, and so that we can sustain the foster children on a level equivalent to our own level. In general, foster parents are not wealthy people; they are probably below average financially, but the USDA level of financial aid for foster care covers only the most basic needs and does not reflect the time a foster parent spends with the child.
>
> For several years I was involved with three sisters who had been incest victims. The sisters came to live with my family when they were eleven, nine, and seven. At that time the father pleaded guilty to the charges brought against him, and the mother was placed on probation. You can imagine how I felt about that father. However, many, many workers and therapists from both public and private agencies were involved over a period of three years working with this family, after which the daughters were returned to a reunited family. The father had undergone therapy while in jail, and social workers had worked with both parents. Many people were involved with this family, all committed to putting the family back together, and it has worked. The oldest girl graduated from high school in my own daughter's class, and I can't tell you how proud I was of both of them.
>
> When foster parents need assistance they reach out for their local and state associations. These associations need the support (financial and otherwise) from their state agencies to continue to provide the necessary information, resources, and advocacy for these foster/adoptive parents.

Dorie Arbach of Prince George's County, Maryland, described how the protective service social worker's job is the essential "interface" with the family and the community:

> My role as a social worker in child protective services investigations is to investigate physical abuse, sexual abuse, and neglect referrals that have been screened by our "intake unit." These referrals come in various forms. Sometimes, the reporter is the child. A child may have disclosed abuse to someone who is then obligated to notify either police or protective services. Sometimes the reporter is a separated spouse or another person who may have observed or may suspect abuse or neglect. Whatever the source, our state law mandates that investigations of physical and sexual abuse begin within 24 hours. With the exception of abandonment and medical neglect, investigations of neglect must begin within 3–5 days. The focus of all investigations is the question whether or not the child is at immediate risk.
>
> The initial information we receive is basic—name, age of child, siblings, parents, interested parties, where the child resides, the child's present whereabouts, the school the child may attend. Most importantly, we need to determine if the child at that moment is in a questionable or a safe environment—free from potential further abuse by a perpetrator who may have already been identified. In no way do we wish to place a child in further jeopardy of abuse. Of course it is not always possible to create the "perfect" setting for interviewing the child. Sound judgment, based on various dynamics, must come into play. Children unable to communicate require an even more conscientious approach.
>
> Once contact is made with the child, it is the responsibility of the worker to assess "imminent danger." Is there abuse observed or disclosed? To what degree? Is the child at risk for immediate further abuse? Is the child afraid of a parent or a caretaker? Does the child say so, or does his body language suffice? Does the child need medical attention?
>
> Contact has to be made with the parents. That interaction is essential for assessing whether or not a parent will or will not protect the child. If there is obvious injury, and a child identifies the parent or caretaker as the abuser, does the parent deny this? express remorse? justify the behavior? Is there evidence of substance abuse? How does the parent view or label the child? All these dynamics must be determined to ascertain whether or not court involvement will be needed. Are there appropriate relatives with whom to place the child? Could the child remain in the home as long as protective supervision is court ordered? Does the family simply need immediate services, such as funds to pay for food or rent? Will foster care be necessary? Will the police be needed in order to remove the child from the home? If court involvement is necessary, the worker has to be prepared to defend the decision to remove the child from parental custody. It should be noted that not all states or counties allow the *protective services system* to remove the child prior to court involvement. In Prince George's County a court hearing must be held on the next court working day following an issuance of *limited custody*.
>
> For every investigation there must be a disposition of either indicated or unsubstantiated abuse or neglect. Not all investigations are warranted. Some are difficult to determine. Each case must be assessed, even if unsubstantiated. Whether or not the needed services (housing, emergency funds, day care, counseling) are available is, of course, another issue. That reality is often abysmal.
>
> Generally 25–30 social workers in Prince George's County cover all investigations for this county of 500,000. On any one day there are generally two workers from each

unit handling emergencies alone. Not all workers possess graduate degrees in social work, although there is an effort to make a masters a requirement.

Protective services workers must "think on their feet." We often make decisions under very difficult circumstances. We often observe severe abuse. We often observe extreme fear in children who show no current physical signs of abuse. We observe emotional abuse that can defy imagination. This briefing has to do with children living in poverty, but yes, we see abuse in affluent and middle-class families also. There we often see even more indignation and self-righteousness among parents. We often hear: "Yes, I beat my kids, but I don't abuse them." Where do you begin?

We are required to interact with clients who possess little or no understanding of appropriate parenting or passing on knowledge to their children. We are required to meet hostility and disarm it if we can. We interact with medical and mental health professionals, educators, and other community resource personnel—sometimes to assess, sometimes to advocate. We are constantly having to assess our own safety.

This brings to mind an experience I had during my first month in protective services. A simple neglect call to an apartment resulted in my noticing that I was standing in fresh blood. This prompted me to leave and call the police. A SWAT team converged on the apartment complex, and it was a virtual standoff. I was then told that the father of the children had a violent past. I was informed still later that the father of the children had instructed their mother to "shoot through the door"—which she had refused to do. Substance abuse and battering permeated this family.

The bottom line is that protective service workers have a tough job. We must make decisions that immediately impact on children's lives. The hours can be long, and there are unbelievable demands: case loads, time lines, court reports, mediation, and court testimony. For me, the gratification comes in having a part in stopping abuse and neglect, and of interacting with co-workers who share my commitment, and of connecting with families who may have resisted the intrusion at first but who come to recognize that we are truly there to help them if we can.

Some say, "that must be a depressing job," or, "I couldn't do that." The truth is, I believe in what I'm doing. I have been authorized to "meddle" in people's lives. I try to do it with respect and with empathy. What is discouraging is that we can offer only patchwork solutions. We in protective services are in the position to tap resources and set interventions into place, but only if they are available.

Julius Hayes described his official supervisory position in the city of Philadelphia as following up on the work of social workers and coordinating interagency activities in the child protection branch of the government. He also described his role in a communitywide private organization whose goal is prevention. Hayes outlined one family's problems and the various agencies and parenting support groups that were brought together to help them over a nine-year period. The family consisted of a mother and children who had been victims of sexual abuse. As part of a court-ordered approach to helping the family, a service plan was drawn up, and as many as 20 professionals met routinely at one point during an intense three-year period to review the many aspects of the case. Two of the children were older brothers who were delinquents, one of whom had been involved in the sexual abuse of his younger siblings.

My involvement concerned the coordination of all of the many systems and agencies involved with the family, which included the courts, the health system, and even the housing system, because the family lived in a housing project and it was this setting that contributed to the mother's loss of self-esteem. We had to follow up on the individuals in the family as they were placed in various residential facilities, including one mental health facility and various foster homes. The family history that emerged turned out to be one of intergenerational sexual abuse, including the mother and even *her* mother.

We need regulations that speak to the issue of prevention and the multidisciplinary aspects of child welfare. This is not just the realm of social workers, and it does not involve just the courts. We are all in this together. We need to include homemaker services and education in our preventive services. And we need to reduce the paper work. About 50% of our staff time is spent filling out forms just to comply with regulations, instead of providing direct services and collaborating on a specific family's problems.

Another perspective on the child welfare system was provided by a juvenile court judge, **The Honorable Leonard P. Edwards** of San Jose, California:

In our county of 1.5 million, 4 of our 48 judicial officers handle juvenile dependency cases, averaging 15 to 20 cases a day per judge. The court reviews whether children must be removed from the care of their parents, whether allegations of child abuse and neglect are true, whether children should be reunified with their parents, and, if reunification has been unsuccessful, what the long-term plan for the child should be.

Public Law 96-272 gave the juvenile courts a very important role to play in the child welfare system. We are the gatekeepers and the overseers of the child welfare system. Not only do juvenile court judges have to make the legal decisions just described, but we have to monitor social services to see whether adequate services are delivered to families in a timely fashion. We also have to ensure that there are individual case plans in place for every child in the system, and we have to be certain that the permanent plans are in place within the statutory time limits. One of our biggest problems is the reluctance on the part of most decision-makers to terminate parental rights and have the children adopted. Even after services have been provided and reunification has failed, we cling to the notion that parental rights are sacred, even if it means that the child remains in foster care to the age of eighteen.

I think it was wise to bring the judges on board, and in many jurisdictions there have been good partnerships between judges and other agencies. Some of the systemic problems that remain are that few judges are interested in this type of work and that little training is available for these complex assignments. The judicial role involves not only making legal decisions but also reaching out to the service providers in the communities and to the politicians, and working on behalf of children in our communities. A third problem is the lack of resources available to juvenile courts and social service systems, particularly in metropolitan areas, and the unwillingness of many judicial officers to stand up and say, "You cannot give me 100 cases a day to do and expect me to carry out the duties of this office."

I am personally satisfied with my job on two levels. First, there is nothing more exciting than to have a family come back to court reunified with their children—to see their pride and their sense of accomplishment. It is equally satisfying to help improve social services. One example is the CASA program. Juvenile court judges have been instrumental in starting CASA programs around the country in which volunteers

("court-appointed special advocates") work on a one-to-one basis with abused and neglected children. These volunteers become in many cases the one constant person in that child's life.

Another source of satisfaction is using the power of the judiciary to squeeze out more money from other branches of government in order to help social services. The genius of P.L. 96-272 is that it put the judges on the side of social services and children. And if you can get the judiciary interested, as they are in many jurisdictions, you are going to get a better social services system and more resources. Judicial education is of course crucial to this process, and the best judicial educational materials nationwide have been produced by the National Council of Juvenile and Family Court Judges. Their books and materials tell judges what their responsibilities are. The Council also offers training to judges in Reno, Nevada. I am still conducting judicial education programs around the country about P.L. 96-272.

I want to make a few other points:

- Homes for mothers with children are necessary in the community. In particular, homes that provide services such as drug counseling and parenting skills education are critical to effective family preservation for mothers and young children.
- Foster care drift (the movement of foster children from home to home) continues to occur and must be greatly reduced. Its effects are seriously detrimental to the mental health of the children involved.
- Foster parents need greater financial support. They also need training for the "special needs" children who are being placed in their homes.
- Family preservation services must be available in every child welfare system. These services are provided by caseworkers with small caseloads and are offered for short periods of time. The services include rent money, furniture, drug treatment, intensive counseling, and whatever the family needs in order to remain together safely until the crisis is over.
- Prevention programs and pre-placement efforts must be made a priority by social service agencies.
- We need to resolve the paper work issue.
- Judicial education must be expanded. Too many juvenile court judges take the bench and have no idea of the role they must play in order to be an effective judge in dependency proceedings. With the critical role of the juvenile court in these proceedings, judicial officers must be adequately trained.
- We should continue to increase CASA programs.

Speakers in the second panel concentrated on ways to improve the current system:

Sister Mary Paul described the Sunset Park neighborhood in Brooklyn where the Center for Family Life is headquartered. She commented on her center's rationale for working with families directly.

> Despite the statistics about the five million children under six living in poverty today, I think we don't really know much about them. They remain anonymous much of the time because we don't know their families. And the reason we are not doing well with poor children is that we are not doing very well with their families. Poor children and poor families tend to be concentrated in areas where there is segregated housing, and violence, where there is poor access to jobs and to health care and human services, including prenatal care.
>
> Poor communities are different. If we are going to make a sizable difference in the lives of five million children, we need to make changes. And if I tend to hammer a bit about what's wrong, please bear with me. We are doing many things for children, but we do not have in this country very many places where a parent can go and say, "I need help," and have the help given to them. Usually they have to have some form of insurance to be helped, or fit into some kind of regulatory category.
>
> I have worked in many areas of social services, including residential treatment for children, and after many years I have come to the conclusion that the most important interaction the child has is with the family, and that is where we must work, with the family. Some colleagues and I decided in 1972 to open a center in a poor neighborhood—funded by many sources—that would be open to any family who had at least one child under the age of eighteen.

Sister Mary Paul then described the many youth and child development programs the center conducts, including coordination with public schools, summer day camps, as well as work on employment and child care issues, and pre-employment and job training. The center also conducts a walk-in advocacy clinic and provides a food pantry. The staff help to oversee foster care in the community, trying to keep foster care children in the neighborhood where their parents live, and working within the child welfare service system to promote family visitation and reunification.

> At the center we try to keep ourselves "stigma" free and offer confidential broad-based counseling so that people can come in and be heard and understood. It has been our experience that if we offer safe, confidential, and free counseling with a highly qualified staff, the families will share their concerns and feelings. In this way we become inherently linked, and we immediately become partners with the families. We helped to initiate with our local Community District Board, a "human service cabinet" for the neighborhood. The idea is for the families to take responsibility for their neighborhood, developing community ownership. (We believe strongly in this despite the fact that many people say poor people just need food and rent.)

Terri Barreiro outlined the emphasis of the United Way of Minneapolis' new program, Success by Six:

> If you would join me in creating a picture of the child and the world that surrounds the child, just imagine a target in your mind in which you position the child and at least one significant adult at the center—either a parent or a grandparent, and sometimes two

parents. (For the most part every child has one adult who sticks with them throughout life.) The next circle on the target is the family, the extended family, and close friends, a group from which there is a commitment to reach out to the child, if necessary. The next circle is the neighborhood or the church, or possibly the employer of the parent, or others who have a significant or long-term relationship with the family and the children. The next circle becomes the layer of traditional support institutions in the community that the family normally takes advantage of—physicians, school programs, clubs, and other structural institutions in the neighborhood. The next circle represents intervention services that are necessary to help the family and the child overcome particular problems; these services include counseling, psychiatrists, or special needs programs. Outside of that you have the government and the "flashing light" services that help protect children and families, guided by local, state, and national policies.

As we at United Way of Minneapolis began to look at the child's environment, as pictured in the target, we began to see problems at the very core of the target. While we had done an excellent job of putting community services in place, what had become weakened were the family and close friends, the neighborhood schools, and the neighborhood-based services that should be there to help. And we thought we should pay attention to how we could strengthen these local services and relationships that surround the child closely, and help build them back.

We also realized that, for people to take advantage of the more broad-scale activities we were funding, we would need a new commitment to reducing a whole litany of societal problems: child abuse; juvenile delinquency, teenage pregnancy; dysfunctional families; tutoring needs and dropout issues, etc. So we started asking both researchers and community leaders: What can be done to keep these problems from growing? The people we spoke to kept saying, "Start earlier; work with the children earlier."

We began to work with community groups in Minneapolis to identify the causes of three-year-old dropouts—children without the social skills to participate in a day care center, or later in preschool and kindergarten programs. What was it that prevented pregnant women from obtaining prenatal care? We laid those questions out and asked how we could help the adults working with these young children—in the courts or in the schools. What could we do to help the interrelationships between the innovative services and traditional services? We concluded that we could take on a new role to catalyze business and government leaders to create a new goal—Success by Six.

In developing our program we recognized five barriers that were keeping children from developing and preventing our institutions from doing the job that needed to be done:

1. Most Americans do not know that we are facing a crisis with our young children. We have people who still have the vision that there are two parents in most homes, and a car in the garage, and all the food and health care they need, etc. The reality is far from this, and we have taken on the challenge to conduct a major public education program to describe the realities that many families live with. We want the public to know that there is not enough work going on with young children wherever they are—in their own homes or in day care or in foster care—to help them develop adequately. We have used both prostitutes and prisoners to tell their own stories, to show the few choices they have had in their lives. We are catching people's attention using the same strategies that the Ford Motor Company does with radio and TV advertising, billboards, and newspaper articles.

2. The second barrier is poverty. If a mother is concerned about enough food to feed her child, she will not have the time to play with the child. If the family is homeless,

and they are spending three-quarters of every day looking for a place to spend the night, they will not be spending the time to assure that their toddler is intellectually stimulated or encouraged. Without work and without food or basic health care or adequate housing, parents can't "develop" their children at an early age, and when they don't, we pay the price in the society. These same children often then become the teenage parents and the next generation of dropouts that we must support for many years to come.

3. The third barrier is that too many parents don't have access to the child development information that is in every book store. These books are two- and three-inches thick, and some require a master's degree to understand. Since 20% of our adult population does not read above the fifth grade level, it is obvious that there is a large group of parents out there who are not learning what is already known about raising children. We have taken steps to make sure that this information is available in an easy-to-read and understandable format. We've developed a video that parents can watch with their child, and opportunities to call parenting hot-lines. The difference between child abuse and child support is sometimes just a telephone call at a stressful time—when a child will not go to sleep, for example.

4. Another barrier is that most of our social services are designed with just the white "middle-class" perspective, and they are not responsive to varying cultural points of view about family structure and relationships. Our system seems to be designed to break down many of the sources of support these families normally have.

5. The final barrier is that services are not coordinated and they do not always know about each other or interact with each other. We are working very hard to get the physicians, the human resource people, the businesses, the Junior League, the family center staff people, social workers, and foster care workers to sit down and talk to each other about how they, as a total community, can work hand in hand on the problems they are dealing with separately.

Success by Six, begun by a coalition of groups in Minneapolis, has attracted 300 community volunteer workers without any difficulty, and it is now being replicated in 22 communities across the country. We expect it to continue to grow. Our intention is to create a sense of local community commitment to children. This type of process isn't that expensive; it just takes time and effort. What could be mandated is coordination and collaboration on programs.

Gary J. Stangler, director of Missouri Department of Social Services, outlined the schizophrenic choices evident in the child welfare system:

Are we treatment-oriented, or are we punitive? Do we identify deficits and then try to fill them, or do we identify strengths and try to build on them? The challenge for us in the system, and for those on the federal level who try to mandate changes through legislation, is not so much to reconcile those choices but to embrace the ambiguities and complexities. We "rescue" kids, but many times we realize that they are out there bouncing around in the foster care system, and unless they are extremely troublesome we ignore them and move on to other emergencies.

We need to do two things: to build integrated services and collaborations that work, and to reorient our thinking to build on strengths rather than respond to deficits. In Missouri it took us years to understand that, when a kid runs away from a juvenile correction facility, he does not head for California. He goes home.

We all have stories to tell. We could list all the services we provide for a particular child over a long period of time, and then the kid looks up and tells us, "You know, if you had just spent some of that money and time on my mom, maybe I wouldn't be here."

Collaboration is very, very difficult. It is easier to go looking for more money than it is to coordinate with other groups, and the amount of collaboration going on generally reflects the amount of money going into collaboration. I have a Stangler's Law that says: The road to collaboration is paved with the other guy's money. (Even when you look up the word collaboration in the dictionary, you see that the origin of the word is to be working with the enemy.)

The landscape is littered with good programs. We really do know what to do. What we don't have is the political will to make what we know how to do happen, and the energy to sustain the momentum and keep at it. Resources and money are less important than some of us may claim. Rather, when we talk about using what's out there, we have to remember that the political mileage comes from the new initiatives. There is not much political mileage in shoring up our existing programs. We don't get cheers back home when we say we have "beefed" something up, even though many times that is what is needed. Of course, for many of us, just working with other people is a new initiative.

The other reason collaboration is so important is because it is so complex. The school is a place where we should be offering more services; we don't want to ask the teachers to do more, we just want to integrate our services into the schools. But I don't want to be just the welfare office down the hall. On this very local level we have to go beyond collaboration and coordination and really integrate the services. In St. Louis the neighborhood school has become the locus of our efforts to restructure. We have come to the conclusion that family preservation, as a discrete function, has some characteristics that should be used as guideposts for reforming the whole system. And other systems have approaches to offer—such as continuity of care in the medical field. In the juvenile justice system we have no continuity of care.

We need a more generalist approach so we can rid ourselves of some of the labels—pointing a juvenile delinquent case down one road and a neglect case down another. We need to get down to a child focus, a family focus. We are ill-equipped to tell you the outcomes of all this work, and the outcome we aim for should not be to turn every family into a white middle-class family. We are going to have to accept other cultural values and approaches. We are going to have to allow ourselves to experiment with various communities and make mistakes. And the federal government has to allow this latitude. Federal fiscal incentives are very important in this respect. Where the money goes, the system will follow.

Ruth W. Massinga, Chief Executive of The Casey Family Program, also stressed the need for collaboration:

As The Casey Family Program celebrates its 25th anniversary of providing long-term foster care for youth, I am learning and revisiting some thorny issues that surround collaboration and the development of an effective, community-based array of services for children and families at various stages in their individual and familial developmental continuum. Rather than respecting and valuing these necessarily different approaches as appropriate for the child and family at that time, we have made the mistake of setting up false dichotomies—as if our prevention programs are better than our interventions. Of course we need to pay more attention to prevention, but the child already in foster

care needs enhancement and remediation as well—experiences in dance classes as well as tutoring. (These are both preventive and intervention-oriented approaches.) Our families live in an ecological environment, and the services we offer should have permeable boundaries—across disciplines and across neighborhoods.

We need to think what this unnecessary struggle within the field does to the kid and the family we are attempting to serve. Federal legislation, and the local implementation of it, has to be focused on what we want to happen with a variety of families with differing needs. A critical question is: Who takes the lead in defining what the desirable outcomes should be and in making them happen? I am not sure that child welfare people should be taking the lead alone. We are automatically tainted with the brush of ownership of the problem and the results if we do, and our history and current analysis of the means to resolve the myriad of problems facing families and children cries out for multiple, community-based intervention points, managed and funded by multiple community players.

This process is complicated, and it will take time, but the building of institutions in communities is critical, and this concept should be put forth in any legislation. Sure we need money, and we need to take some resources from institutionalized care and put more money up front into the communities. But there is a concern that we don't shortchange the needs of children who are now in foster care; these children are going to need services over a long period of time.

One of the things I am still puzzled about is: what works in areas of concentrated poverty that is different from, or similar to, more economically and racially mixed areas? I worry about trying to fit some of these communities into standards that don't fit; and I hope that new legislation will encourage groups to experiment more broadly, particularly in urban areas, where resources are so depleted and where creating a positive atmosphere is so difficult. Concerning family preservation, there are some areas of the country where we could possibly, with a great deal of work, reunite 15-20% of the children in foster care with their families. But we need to think through, in a much more careful way, what we can expect in communities where there has been generation after generation of poverty.

In his conclusion to the day's review of the child welfare system and of opportunities for reform, **Dr. Harold A. Richman** made five points:

My task is difficult because this is an information briefing—not designed to be prescriptive but to offer a sense of how the child welfare system looks, what its problems are, and the range of possible measures that might be taken to improve things. I hope we can carry away five points from this discussion. The five points come in the form of one plea, three paradoxes, and one tired old truth.

The plea: This is not another social program. Think of it as something different in at least two ways:

1. Child welfare deals with life and death issues. It deals with coercive state interventions, the stripping away of a family's privacy, taking a child from a family, and the presumption of a public standard of acceptable and unacceptable parenting. Its consequences have life-long effects. The values it deals with, too often cavalierly, are the values that define our society.

2. Child welfare is different because it cannot be about one thing. It must be about many things:

   - If you have a wonderful system of investigation of child abuse or neglect, yet you have no service to help keep a family together, then you have failed the child and family and the public interest.
   - If you have a good investigative branch and good services to help keep the family together, but you have poor foster care for those children who must be placed, then you have failed the child and his family and the public interest. In fact, you have perpetrated a terrible hoax on the child, asking him to trade the devil he knows for a possibly equally bad or even worse devil whom he doesn't know.
   - If you have good investigators, good family services, good foster care, good health care and mental health services, but terrible residential or institutional care, then you have failed the child who needs such care and the parents and foster parents who have proven that the child can make it only with such specialized care.

A range of help must be there—and any gap in that range severely compromises the whole system. This is not a "one shot" or "one service" deal—it deals instead with the fullness of children's lives and the complexities of their needs. So the plea is: when we think about child welfare, let us think about the children, the individual children, first and last. Let us also think about the bureaucratic issues, and the financing formulas, and so on, but only in the middle, not as ends in themselves. If the children and the range of their needs are our compass, the complexities and the issues will become easier.

The three paradoxes: The first paradox is that the people who run the child welfare system are its severest critics. They are tired and frustrated. They are the most insistent voices for change. It is important to listen to what they have to say.

The second paradox is that the people who run the system say that the most important element in making the system better is preventing people from coming into it. Ceding "turf" is not the ordinary bureaucratic impulse, but the cry from the membership of the American Public Welfare Association and others is to lighten the load and protect the children—by preventing their coming into the system in the first place. And the tools of prevention are at hand: family resource centers in neighborhoods; homemakers or homebuilders to stabilize a family in crisis; the 24-hour parent help phone lines; sources of emergency rent or utility money for a brief time; respite care for an overburdened mother or child; and a host of other activities for children, such as libraries, clubs, youth groups, after-school programs, sports leagues. Unfortunately, though, these programs are not the recipients of sufficient funding.

The third paradox is that the most effective thing the federal government can do is to make it easier for local communities, even down to the neighborhood level, to develop approaches that serve families' needs in ways that make sense to them, at that level. The words are "flexibility," "noncategorical," "comprehensive," "intersystem collaboration," and "community-based." Federal and state policies need to strengthen the locally developed approaches that serve children and families, not to inhibit or constrain them.

The tired old truth: My three paradoxes suggest a change in the federal perspective to one that facilitates locally based preventive activities and enables locally based service approaches to survive. Does that mean there is no initiating and controlling role for federal policy? I believe there is, and this has been emphasized here this morning. My tired old truth is the need for a federal role of aggressively fostering training. The truth

is tired in two respects: the federal government seems to be tired of supporting child welfare, and the results show all over the country. But there is another tiredness here that may be even worse: our training institutes seem to have tired of child welfare training as well. Where are the new curricula and programs specifically tailored to the challenges of public child welfare programs? Where are the new curricula and programs for in-service training and continuing education for the public child welfare services; for future parents, for policymakers, for the young people coming out of college today with a drive to make a difference? Where is the research on today's public child welfare problems and the services that can form the underpinning of this training? There is an old federal role for the support of research and training in areas of particular national need. And if we are to act with any effect on our paradoxes, and if we are to do justice to the children, whom we must think of first and last, there must be a new federal role as well.

I hope our message is clear. We have a system in deep trouble, and children and families are failing in the process—hundreds of thousands of children and families.

There are things that can be done, and a consensus is emerging on what those things are. We have heard some of them this morning. I hope they will give us pause, interest, hope, and a will to act.

III.

CHILD WELFARE: THE CONTEXT FOR REFORM

Brenda G. McGowan*

A recent exchange recorded during an alleged sex abuse hearing in Manhattan Family Court epitomizes the nation's historic ambivalence regarding the appropriate grounds and objectives for state intervention in family life. Commenting on the troubling conditions in this home for 17 adopted children (urine smell, limited food, poor lighting, no bed sheets), the father's attorney noted:

> "It may not be the level of care out in Nassau County, but the children are surviving. They're doing O.K."
>
> The judge responded:
> "I don't want the children to survive. I want them to thrive" (Dugger, 1991).

Although this is an exceptional situation, the debate about our societal guarantee to children recurs frequently. American citizens have long recognized their obligation to ensure that parents meet their children's basic survival needs. Establishment of the early Societies for the Prevention of Cruelty to Children in the 1870's signalled initial acceptance of the concept of state intervention in family life in order to protect the safety of children. The filing of an estimated 2.5 million reports of suspected child abuse and neglect in 1989 indicates that this concept is now a widely endorsed public policy. But the child rescue agents of the late 19th century were more concerned about the prosecution of parents than the protection of children. And just as there was sustained debate in the early 20th century about whether child protective work should be integrated with child welfare and family service (Anderson, 1989), so too, today, there is widespread disagreement about the degree to which the state should not only protect but also enhance the well-being of children.

Everyone is clear about the public obligation to meet children's basic survival needs. But what do children need to thrive? At what point should the state intervene in family life? To what degree is the state responsible for ensuring that children develop to their maximum potential? How can this responsibility best be carried out? The recurrent need for reform of the child welfare system reflects ongoing uncertainties about how best to answer these questions.

This section of this report presents an overview of the current child welfare system and how it has evolved, the legislative framework for service provision, current service issues and policy dilemmas, and promising approaches and proposals for change. The objective is to provide background information for current discussions about child welfare reform and to analyze alternative proposals for change.

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A. Setting the Context

Defining Child Welfare Services

The concept of child welfare services implies all of the policies, programs, and organized activities impacting on the well-being of children. Yet in reality, the child welfare system is a narrowly defined network of services designed to protect and support children whose parents are unable or unwilling to provide an acceptable level of care. Moreover, despite the high costs and high public visibility of this service system, it is estimated to serve under three percent of the total U.S. child population annually.

Child welfare services have traditionally been classified as supportive, supplementary, protective, and substitute care services: *Supportive services*, such as parent-child counseling, information and referral, child development programs, and family life education, ideally aim to enhance parental and child functioning in families at risk. *Supplementary services*, which include homemaking care, day care, respite care, day treatment and case management, help parents carry out their normal role obligations.

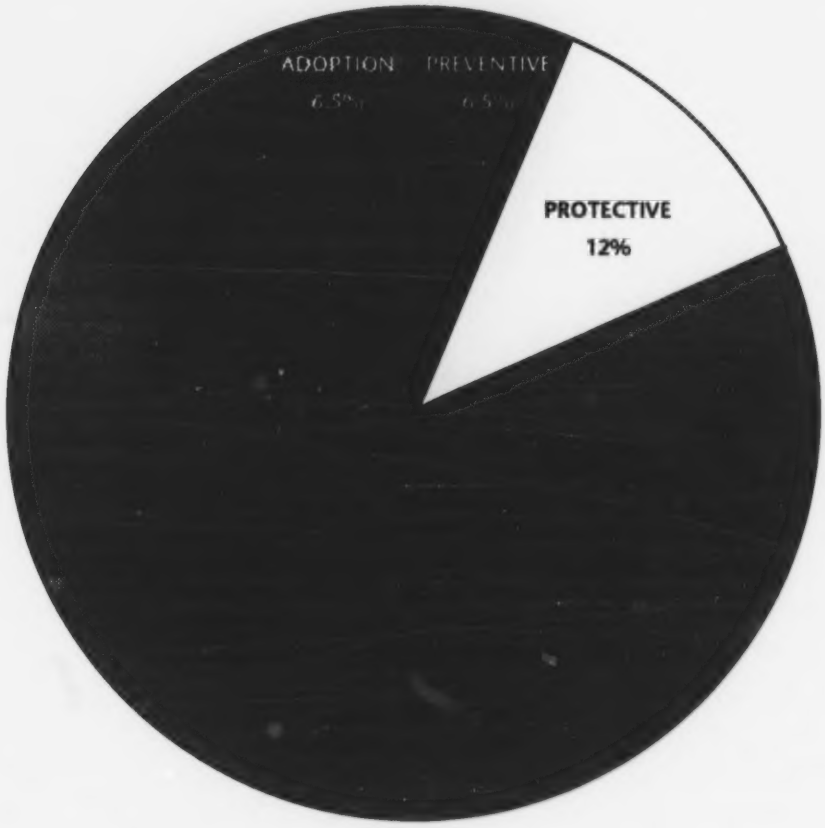
In recent years supportive and supplementary services have often been clustered together in varying packages under such labels such as preventive, early intervention, family support, family preservation, and family-centered services. In this paper, supportive and supplementary services will be considered together under the broad label of *preventive services*.

Protective services aim to identify, investigate, assess risk, and sometimes treat and care for children suspected of being maltreated, i.e., physically or sexually abused, neglected, or exploited. *Substitute care services* replace the care normally provided by biological parents for temporary or long-term periods. The range of substitute care provisions includes short-term diagnostic centers, foster family and adoptive homes, group homes, and large residential facilities.

Unfortunately there are no hard national data available regarding the numbers of children currently receiving different types of services or about the characteristics of these children and their families. What is known is that most of the cases now coming to the attention of child welfare authorities are being reported for child abuse or neglect—and that a rapidly increasing proportion of these children are then placed in foster care. It is also evident that most of the expenditures in child welfare services today are for protective and foster care services. (See Figure 1 on page 23.) This indicates that despite repeated efforts to expand supportive and supplementary services, protective intervention and foster care remain the primary services offered to families and children at risk. And these services are seldom adequate to meet the challenge of enabling children to thrive.

The story of Sara and Little Robert presented below, conveys graphically the enormity of the problems confronting child welfare workers today. The children they are seeing have been failed by their families and the larger community. Damaged at an early age, their futures are bleak. Yet the child welfare system created to help them lacks the expertise, the resources—and sometimes even the will—required to offer the comprehensive services needed.

Figure 1. Estimated Percentage Allocation of Federal Funds* for Child Welfare Services in FY 1991 (Total = $3,636,400,000)*****



* Includes all programs listed in Appendix A except Department of Defense and Bureau of Indian Affairs.

** This is a very rough estimate based on FY 1991 appropriations as presented by Horn, 1991. Two major assumptions were made in calculating percentages:

1. Since states do not separate out spending for protective services when reporting expenses under Title IV-B, Child Welfare Services, it was arbitrarily assumed that half of the $273.9 million appropriated for this year went for preventive services and half for protective services. In reality, a much higher percentage is probably devoted to protective services.
2. No data are available regarding what proportion of the total appropriation for Title XX is spent on child welfare services. Therefore, the percentage allocations for the current year (total appropriation, $2.7 billion) were assumed to be the same as those reported by 31 states in a 1986 voluntary survey, the last year for which any data are available: substitute care and placement services, 14.0%; adoption services, 1.3%; protective services, 9.8%; preventive services, 2.4%. (*A Statistical Summary of the VCIS Social Services Block Grant Data for FY 1986*. American Public Welfare Association, February 1990, p. 28).

*** This does not account for state or local appropriations, which because of statutory responsibilities are known to be spent primarily for protective and foster care services.

Sara and Little Robert: Case Illustration*

Sara is a 38-year-old, African American woman who began using heroin in the late 1960s, when she was 15 years old. In the early 1980s, Sara traded heroin for methadone and picked up cocaine and valium habits as well. Her intravenous cocaine habit became a crack habit when she was introduced to this smokeable drug in 1985. She also has a criminal record.

Sara is an intelligent, articulate woman who speaks rather sorrowfully about how her addictions have affected her parenting capacity. Her five children were all born addicted: one suffered a birth defect, one died, and maternal custody of the others has been interrupted several times by child protective services and family members. She now lives alone with her youngest child in a very dilapidated tenement in the inner city.

Sara's first child, Anthony, was conceived during a rape. He was born when she was sixteen years old, and he was raised by her parents. Her next son, William, was born five years later. According to Sara, William's father was good for her, but she never felt she deserved him, and eventually she "went back to the street." At that point, child protective services became involved, and William was sent to live with his paternal grandmother. Sara's third child and only daughter, born when she was 27, died soon after birth. Samuel, her third son, was born two years later, and Little Robert, her youngest, was born seven years ago, when Sara was 31 years old.

Sara's youngest three children have the same father, Robert, a 31-year-old Post Office employee who sorts the mail on the second shift and earns good money. According to Sara, he is an alcoholic like her father and has a nasty temper. He has physically assaulted her and been verbally abusive of her and of Little Robert. Until recently, "Big Robert" lived with Sara and Little Robert, but he moved out shortly before Christmas. He still comes over occasionally and gives Sara money when they have sex.

Little Robert is a shy, skinny youngster who doesn't speak much but trails his mother around and has been taught to lie for her. He is very obedient, sits quietly for hours when told, and often assumes a caretaking role with her. Sara talks laughingly of his efforts to wake her when she nods out and to make her something to eat. He has lived a totally unsettled life, exposed to drinking, drugs and violence. Little Robert has learned to survive by listening and observing quietly when exposed to conversations and scenes that most adults would find frightening. His anger emerges only in the school setting.

Sara and Robert's other son, Sam, suffers from cerebral palsy. He lives with Sara's parents, as does Sara's oldest, Anthony, who is 22 years old, unemployed, and a heavy drinker. Sara says that she doesn't call her mother often enough and that this makes her feel guilty. The guilt, she says, has kept her from calling and going to visit. Therefore, her contacts with her mother, Sam, and Anthony had been very limited until recent months. But Sara's mother now has to devote increasing attention to her older brother, who is dying of AIDS, so she has begun asking Sara to baby-sit for Sam. Sara loves doing this because it keeps her occupied. Also she finds that it cheers her up just to watch him because he is always very bubbly and happy, despite all his physical problems. She would like to care for Sam full-time, but she is fearful of the responsibility.

Sara thinks her second son, William, continues to live with his paternal grandparents, but she is not in touch with him. Sara feels very guilty for having abandoned this child and she cries about

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* The author is indebted to Jane McPherson, a social worker in a methadone maintenance center, for contributing this case illustration.

it frequently. She says that she would like to be in contact with him, just to let him know that she loves him and that she is sorry. She tells herself that she will call him, but she doesn't.

Sara's major social supports are her neighbors and her fellow patients at the methadone clinic, many of whom are crack users like herself. Her closest friend, Diane, is her oldest "get high" buddy. Although their relationship is often rocky, Diane is someone Sara counts on and trusts to take care of Little Robert. Sara's siblings are all drug-involved. Other than her mother and the staff at the clinic, Sara's only sober support is Lorraine, a Jehovah's Witness in her building. Sara considers herself a Jehovah's Witness, but she feels guilty in the eyes of God and Lorraine because she often gets high instead of studying her Bible.

For economic support Sara receives Aid to Families with Dependent Children (AFDC), which provides her with less than she needs to support her household and her habit. In September 1990, she took the initiative to get herself into training and enrolled in an employment program. By October, she had missed too many classes and was cut from the program. Lack of job and money leave Sara dependent on an unpredictable Big Robert for her support, and she may be engaging in some form of illegal activity to bring in money.

Last fall Little Robert's first-grade teacher complained that he had become a behavior problem in school. He was angry and aggressive with the teacher and his classmates and often withdrew or refused to do school work. According to the school, Sara was not cooperative with their efforts to help. Instead, she kept him out of school. In March 1991, the school reported Sara to child protective services (CPS) due to educational neglect of the child: he had been absent 50 days from school. A CPS worker investigated the situation, but concluded that the family's only problems were economic. He tried unsuccessfully to help Sara find new housing and then referred her to a community agency that might be able to help with the housing problem.

What the child protective worker failed to address is that Sara is an addicted mother with few skills, inadequate income, and a lack of social supports. She reports experiencing emotional abuse as a child and several rapes as an adult. Her relationship with Big Robert is unstable and sometimes violent. She has little or no contact with her children with the exception of Little Robert, and her relationship with him is threatened due to a new report of child neglect. Sara feels these problems acutely and blames herself; she complains of guilt, depression, and an inability to make changes in her life. She berates herself for her addiction, her relationship problems, and the fact that her life has not turned out the way she planned.

Despite this family's multiple contacts with the child welfare system, Sara has never been offered the comprehensive range of services required for her to begin turning her life around. As a consequence, one of her children is dead, three of her sons have been turned over to the care of elderly relatives without any support other than AFDC payments, and the youngest boy, Little Robert, is now very much at risk. Sara cried when her methadone maintenance worker left the clinic in May, saying this worker was the first person who had really listened to her story.

POSTSCRIPT: Sara was last observed in early June of this year, walking down the street with Little Robert in tow. She told the clinic nurse she bumped into that they had just been evicted from their apartment and were looking for a new place. She added that she was worried about what was going to happen to them because a new child neglect complaint was pending and she had just been diagnosed as HIV-infected. The nurse invited Sara to return to the clinic so she could talk with a new social worker, but acknowledged to herself that it was probably too late. What would become of Little Robert?

Overview of the Background Paper

In the next section a brief review of the evolution of child welfare service highlights the role the federal government has assumed in attempting to improve service delivery to children at risk. The repeated efforts at legislative reform will be examined in this context (see Figure 2, page 28) with a view to identifying some of the changes that may be in order now. What becomes very clear in this historical analysis is that despite repeated calls since early in this century for increased supports to children in their own homes, the child welfare system continues to be organized and funded in ways that defeat its very purpose of protecting and enhancing the lives of vulnerable children.

The third section of the report will present an overview of child welfare services as they are functioning today, highlighting the problems that are once again forcing this service system to assume a prominent place on the public policy agenda. For example:

- The estimated 2.5 million reports of child abuse and neglect filed in 1989 represent a 274 percent increase since 1976 and a 31 percent increase over the preceding five years alone. (See Figure 3, page 29.)

- After a 1978–1985 gradual decline in the foster care population, the number of children in care began to rise quite rapidly again, demonstrating almost a 50 percent increase over the past five years (Tatara, 1991:3). (See Figure 4, page 30.)

- About one in three children entering foster care today has been in care previously, and the proportion experiencing unstable placement can go as high as 60 percent in some areas. Yet we know that the more frequently a child is moved, the lower the probability of achieving a permanent home.

- Adoption is the outcome for only about 8 percent of the children in foster care, although it could be a permanent option for more.

- Funding for preventive services is miniscule in comparison to the large (and steadily increasing) proportion of public funds expended on child protective and foster care (substitute care and placement) services. As a consequence many of the services that could help families before children are damaged are simply not available.

- No systematic national data are available to measure public investments and service outcomes in the child welfare field.

- What is known is that because of increasing rates of poverty, homelessness, substance abuse, and violence among families with children, the need for effective child welfare services is increasing dramatically.

In the final section of this paper, promising approaches and recommendations for change will be reviewed. Fortunately, based on past experience and research evidence, there is now strong consensus among experts in the field about the changes that are needed. These include:

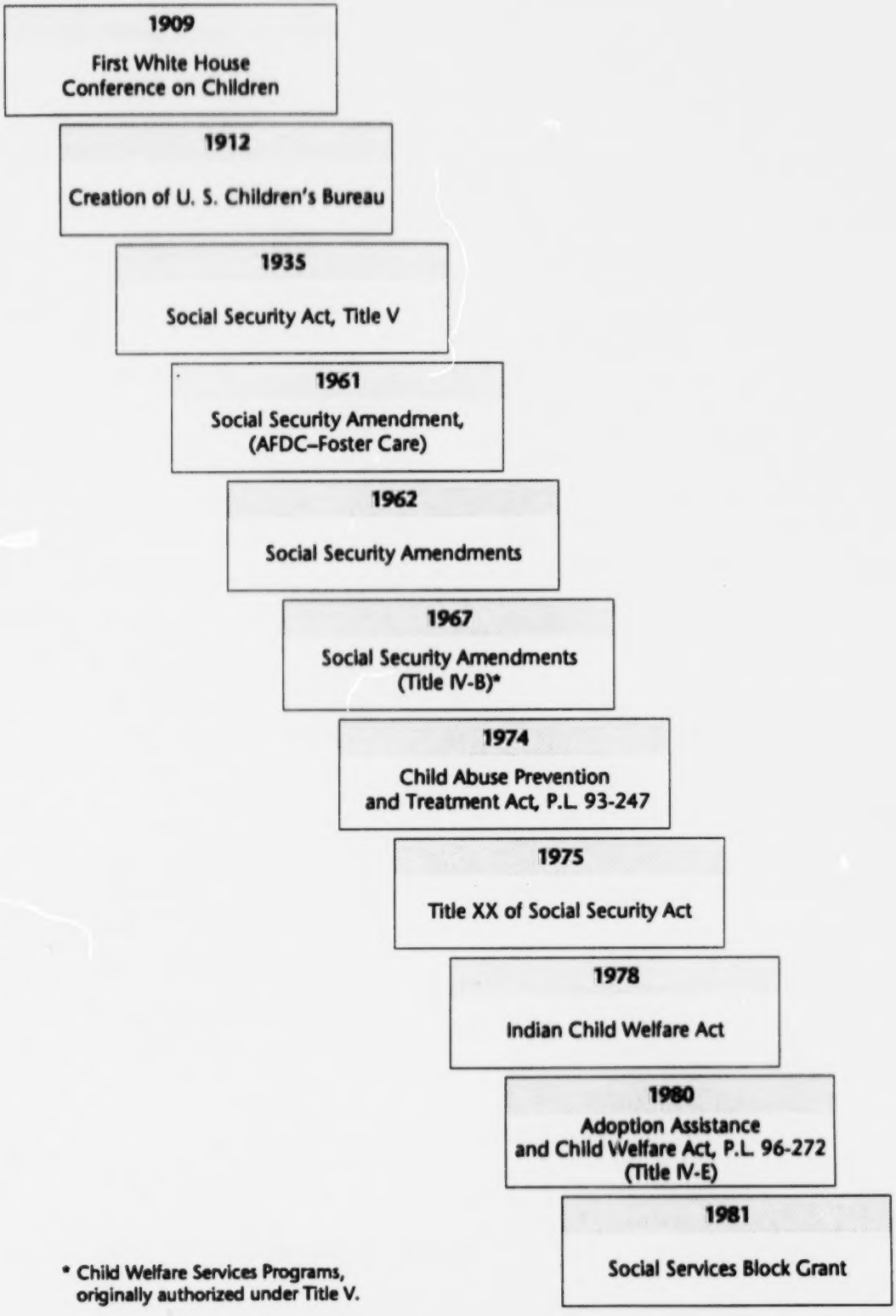
- Investing heavily in support services for families early in the life cycle so that parenting skills and coping capacities can be enhanced before family problems emerge.

- Establishing a continuum of child welfare services ranging from the provision of supportive and supplementary services to families in which children are at risk to the provision of supportive after-care services to reunited families and adoptive families. (See Figure 5, page 31.)

- Making the legislative, administrative, and funding changes needed to permit the development of comprehensive, community-based services for families at risk rather than continuing the current system of discrete, categorical programs for children already harmed.

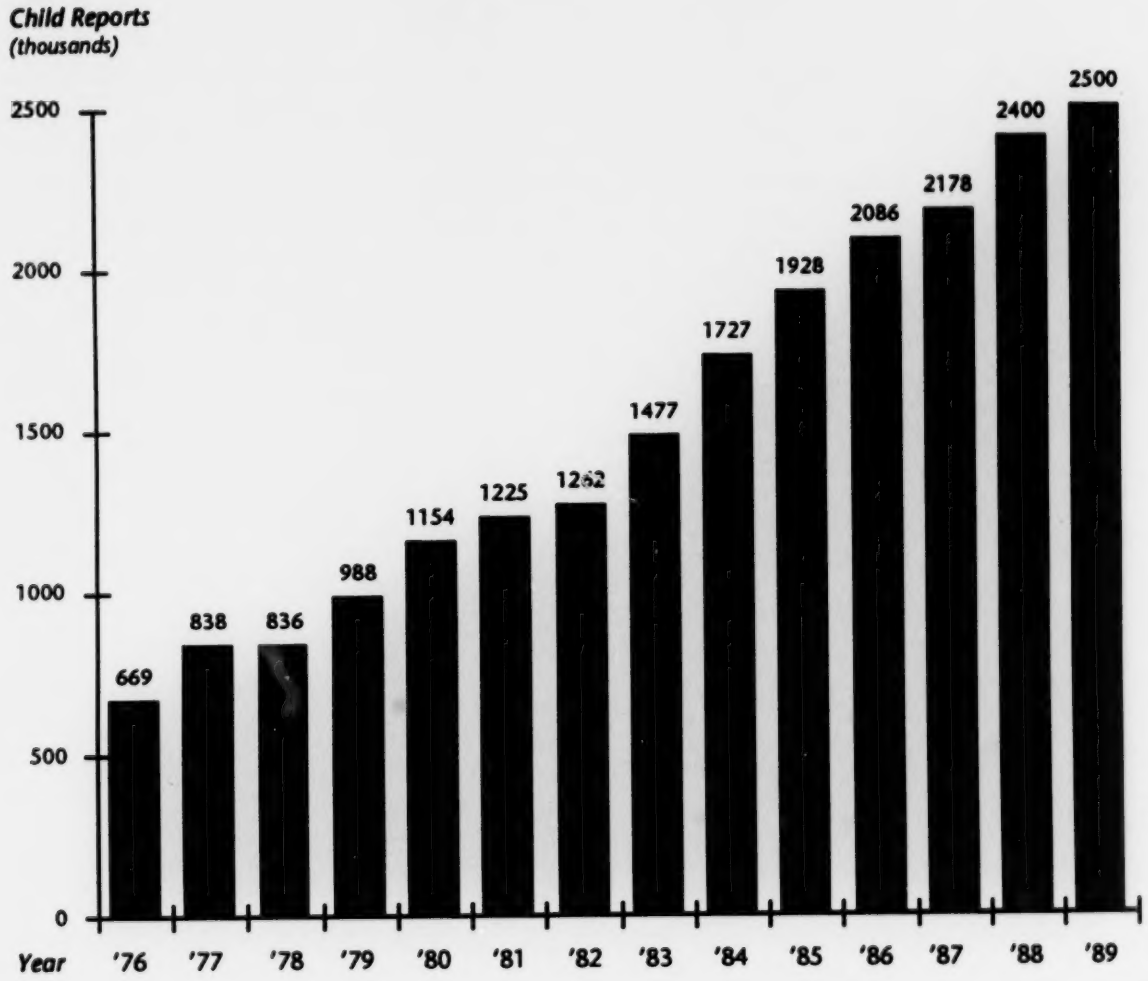
- Re-establishing the federal leadership role in formulating policy and providing oversight of child welfare services nationally.

Figure 2. Time Line: An Evolving Federal Role in Child Welfare



* Child Welfare Services Programs, originally authorized under Title V.

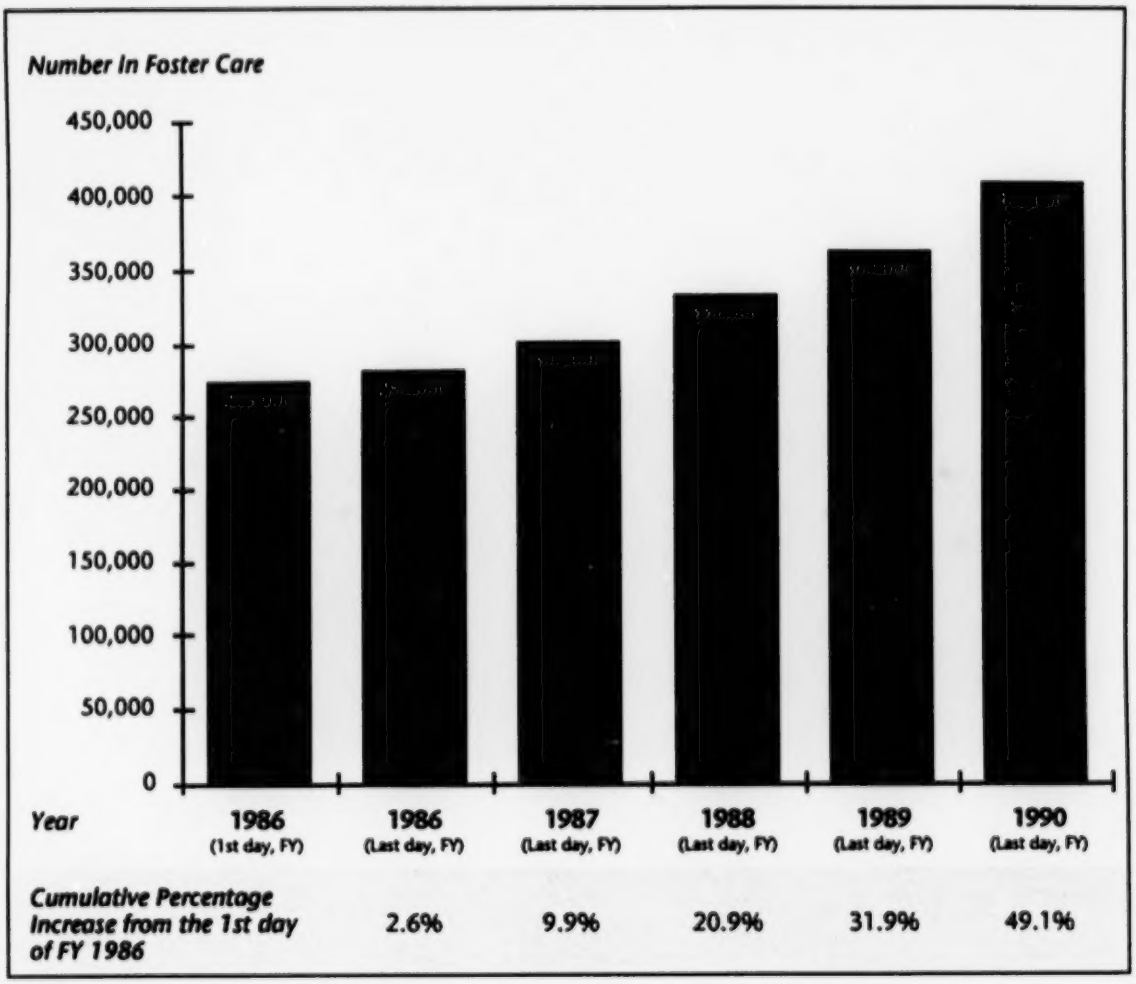
Figure 3. National Child Abuse and Neglect Reports, 1976–1989



Estimated by the American Association for Protecting Children, American Humane Association

Source: Gershenson, C., 1991.

Figure 4. Children in Foster Care, FY 1986*–1990



* For 1986 there are two entries: one for the first day of the year, and one for the last day.

Source: Data derived from Tatara, 1991: 3.

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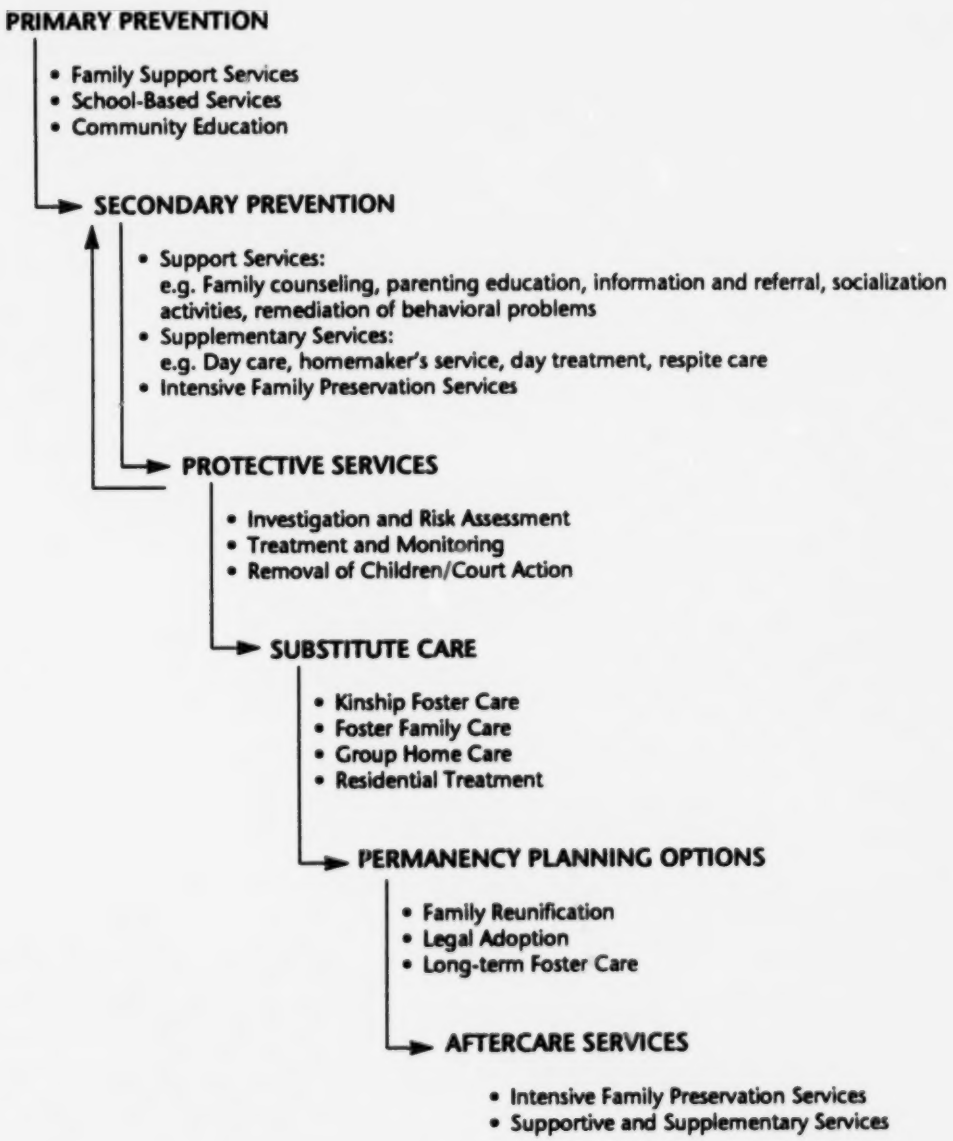
Figure 5. Continuum of Child Welfare Services


PRIMARY PREVENTION
• Family Support Services
• School-Based Services
• Community Education
SECONDARY PREVENTION
• Support Services:
e.g. Family counseling, parenting education, information and referral, socialization activities, remediation of behavioral problems
• Supplementary Services:
e.g. Day care, homemaker's service, day treatment, respite care
• Intensive Family Preservation Services
PROTECTIVE SERVICES
• Investigation and Risk Assessment
• Treatment and Monitoring
• Removal of Children/Court Action
SUBSTITUTE CARE
• Kinship Foster Care
• Foster Family Care
• Group Home Care
• Residential Treatment
PERMANENCY PLANNING OPTIONS
• Family Reunification
• Legal Adoption
• Long-term Foster Care
AFTERCARE SERVICES
• Intensive Family Preservation Services
• Supportive and Supplementary Services

B. How We Arrived Here

An examination of the historical evolution of child welfare services helps to explain how some of the current patterns of service delivery emerged and why they remain despite the apparent dysfunctional consequences.

Emergence of the Concept of Children's Rights*

In the early days of this country there was no explicit public policy related to child welfare. Children were regarded as the property of their parents, and children had no special rights. Those who survived beyond infancy were viewed as an economic resource, and they were expected to help with household and farm labor at a young age. The thought of state intervention in family life for the benefit of children was never even entertained.

The earliest child welfare services were private orphanages built in the Colonial period. During the nineteenth century large numbers of private and public institutions were created for orphans and children of paupers. Repeated exposes about the terrible conditions in these large institutions led to the establishment of what were called "free" foster homes. Developed first by Charles Loring Brace, who founded the Children's Aid Society in 1853, these were rural homes recruited to care for homeless and destitute children picked up on city streets and sent by the trainload to their new families in the midwest and upstate New York. These free foster homes, as well as those developed a little later by the Children's Home Society in Illinois, were the forerunners of today's foster home programs.

Another significant development of the late nineteenth century was the creation of the early Societies for the Prevention of Cruelty to Children. The first was founded in New York in 1874, and by 1900 there were 250 such agencies in different parts of the country. The early leaders of these societies saw their primary function as the prosecution of parents, not the protection of children, and they fought to separate their work from foster care services. However, the establishment of these societies signaled the recognition of society's right and obligation to intervene in family life when necessary to protect the welfare of children, and it reinforced the "child rescue" mission of the early foster care agencies. Thus by the turn of the century, although child welfare services were still quite meager and operated primarily under private auspices, the policy orientation for two key components of our current service delivery system—foster care and child protective services—had already been established.

Two important federal initiatives of the early twentieth century challenged this orientation, but they had little impact on actual patterns of service delivery. Delegates at the first White House Conference on Children, called in 1909 to consider provisions for care of dependent children, went on record as supporting the principle of maintaining children in their own families whenever possible and not depriving them of home life "except for urgent and compelling reasons" (Bremner, 1971, II:365). The U.S. Children's Bureau was then established in 1912 to implement Congressional recognition of the

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* Most of the material in this section was presented earlier in McGowan, 1983, and McGowan, 1990.

federal government's responsibility for monitoring the well-being of all children, not just those posing special problems for the community. Despite these initiatives, the evolution of child welfare services during the first half of this century followed the patterns established during the nineteenth century. Public and voluntary agencies expanded in size and scope. Specially trained paid staff replaced volunteers, and states assumed increasing responsibility for financing, regulating, and delivering services. But this expansion, bureaucratization, and professionalization all occurred without any significant shift in policy orientation.

The Expanding Federal Role in Child Welfare

Prior to the 1960s the only federal legislation pertinent to the delivery of child welfare services was Title V, Part 2 of the Social Security Act of 1935, later subsumed under Title IV-B. This statute provided a small amount of federal funding to develop child welfare services, particularly in rural areas, and to strengthen states' role in administering these services. It quickly demonstrated how limited federal funds can help shape the ways that larger pools of state and local monies are expended. For example, although there was little, if any, coordinated state planning prior to passage of this act, by 1938 all but one state had submitted the coordinated service delivery plans required to establish eligibility for receipt of federal funds.

Despite this legislation and the earlier federal initiatives designed to expand the objectives of the child welfare system, there were no systematic efforts to reshape this service delivery system until the past two decades. The child welfare field of the early 1960s was a small, relatively closed, residual service system oriented to the care of children outside their own homes. Child welfare services were seldom integrated with voluntary family services, and there were no public family services as such. Quality and coverage were uneven, with some voluntary agencies offering intensive, high quality, specialized services to selected groups of children, while the public agencies as well as many of the voluntary agencies provided minimum care and protection to large numbers of poor, often minority, children. Adoption was defined as an option for healthy white infants, but other children whose parents were unable to provide for them were allowed to grow up in foster care.

The first major critique of this relatively isolated, self-perpetuating service system was presented in 1959 with the publication of *Children in Need of Parents*, Maas and Engler's study of children adrift in foster care. The social change efforts, professional reform initiatives, and clients' rights movements of the 1960s, posed additional challenges, all of which created a climate for the significant policy shifts introduced in the 1970s. Several amendments to the Social Security Act introduced during this period also contributed in different ways to the later development of child welfare services.

The 1962 and 1967 Amendments embodied clear efforts to establish a comprehensive, publicly funded service system for low-income families, to modify the dysfunctional separation between child welfare and family services and to ensure that children living at home received the same benefits and services as those in foster care. However, it was a little-noticed, little-debated amendment, AFDC-Foster Care, first passed by Congress in 1961, that has had more far-reaching consequences for child welfare services, even if unintended. This legislation provided open-ended federal matching funds to states for the care of children living in families eligible for AFDC who were placed in foster care as a

result of a judicial determination of need. Although the program provided significant financial relief to states for the costs of children in placement, it offered no incentive to states to develop alternatives to foster care. Consequently, it had the effect of encouraging too frequent and too extended foster placements for children at risk.

A number of other developments in the late 1960s and early 1970s also helped set the stage for passage of the key pieces of federal legislation guiding the provision of child welfare services today. These include:

- Widespread dissemination of research findings highlighting the potential negative consequences of separating children from their parents.
- Expansion of the boundaries of traditional family and child welfare agencies, taking advantage of new sources of federal funding to increase services and reach out to new populations at risk.
- Initiation of class action law suits designed to protect the rights of children and to secure social benefits for various client groups.
- Rediscovery of the problem of child abuse with widespread publicity about what was referred to as the "battered child syndrome."
- Promulgation of the concepts of "deinstitutionalization" and "placement in the least detrimental alternative" in deliberations about the adequacy of provisions for status offenders, delinquent youth, and other vulnerable groups requiring specialized care.
- Organization of adoptive and foster parent groups dedicated to promoting adoption opportunities for children traditionally considered "unadoptable."
- Introduction of the concept of child advocacy and the establishment of numerous public, voluntary, and professional groups dedicated to protecting the interests of various groups of children.

As costs and expectations increased simultaneously, issues related to the delivery of children's services began to assume greater importance on the public policy agenda. Federal and state legislators who were formerly content to leave such matters to the discretion of local and state administrators and voluntary associations were pressured from all sides to take action.

Three federal laws passed during the period from 1974–1980, together with the corresponding state statutes and plans, created the framework for the delivery of child welfare services today:

- **Child Abuse Prevention and Treatment Act of 1974.** This act, P.L. 93-247, a response to increased media coverage of problems of child abuse and to agitation in the medical community about the newly-identified battered child syndrome, created the National Center on Child Abuse and Neglect. It provides limited funding, $25.3 million in FY 1989, for demonstration projects to states complying with a series of regulations related to the establishment of statewide systems for reporting and investigating complaints of suspected child abuse and neglect.

The law fails to specify the conditions that should be defined as child abuse or neglect or the evidentiary standards for reporting. Moreover, although the intent of the legislation is conveyed clearly in its title, the implementing regulations focused attention on mandatory reporting and investigation, not prevention and treatment. Consequently, this law has had the effect of greatly enlarging the pool of children coming to the attention of public authorities as potentially in need of care and protection without providing the resources or guidelines necessary to enable states to deal more effectively with this population.

- **Title XX, Grants to States for Social Services.** This amendment to the Social Security Act, initially perceived as a landmark bill authorizing the first major social services program, was designed to promote self-sufficiency and to prevent current and future dependency by supporting the development of comprehensive, effective, goal-directed services to children and adults at risk. It provided 75 percent federal matching funds to states for a broad range of services, stipulating only that one service be directed toward each of five goals related to promoting self-support and self-sufficiency, preventing abuse and neglect, and preventing inappropriate institutionalization. This law, part of the Nixon Administration's "new federalism," aimed to give increased authority and responsibility to the states, while limiting costs.

  Although this legislation mandated the development of comprehensive state social services plans and required citizen participation in the planning process, it retained the $2.5 billion ceiling on social service expenditures enacted by Congress in 1972. Thus, the law ultimately had the effect of increasing the competition among various interest groups within each state for what—with inflation—became more limited social service funds. (The total appropriation for FY 1989 was only $2.7 billion.) Despite these limitations and the amendments imposed by the Social Services Block Grant of 1981, Title XX has become a major source of child welfare funding in many states. Unfortunately, there are no current national data regarding the proportion of Social Services Block Grant funds spent on child welfare or how these funds are used.

- **Adoption Assistance and Child Welfare Act of 1980.** This comprehensive law, P.L. 96-272, was enacted after several years of Congressional reform efforts, by a broad coalition of public officials, child welfare professionals, advocacy groups, and client organizations. It was proposed in response to repeated studies and exposes that documented the fiscal and human costs of child welfare agencies' failure to offer services to children and parents in their own homes, to provide appropriate care and treatment for children in foster home placement, or to discharge children quickly to their biological families or into adoptive homes. (See, for example, Fanshel and Shinn, 1972; Gruber, 1978; Knitzer, Allen and McGowan, 1978; Persico, 1979). Consonant with a number of court decisions and recent changes in state statutes requiring increased protections for parents' rights and more careful monitoring of children in placement, the law was also motivated by reports of various cost-effective programs that helped to prevent placement and/or effect early discharge from care. (See for example, Pike, 1976; Burt and Balyet, 1977; Emlen, 1978; Stein, Gambrill and Wiltse, 1978; Maybanks and Bryce, 1979).

P.L. 96-272 adopted what Allen and Knitzer have described as "a carrot-and-stick approach to redirect funds away from inappropriate, often costly, out-of-home care and toward alternatives to placement" (1983: 120). By amending Title IV-B and replacing the AFDC Foster Care Program with a new Title IV-E, the Foster Care and Adoption Assistance Program, this legislation created a conditional ceiling on federal funding for foster care maintenance payments, authorized funding for adoption subsidies for children with special needs, and provided fiscal incentives and penalties related to the development of preventive and reunification services.

By setting forth a comprehensive set of standards for child welfare services, P.L. 96-272 requires states to establish case review mechanisms—with judicial determination of need and opportunity for parental participation at specified intervals—to ensure that "reasonable efforts" are made to prevent placement, to arrange placement in the most appropriate setting, and to discharge children to permanent homes in a timely manner. The law also specifies that case plans be developed to ensure placement "in the least restrictive, most family-like setting available located in close proximity to the parents' home, consistent with the best interests and needs of the child." To facilitate aggregate data collection and monitoring, P.L. 96-272 also mandated that states establish statewide information systems and conduct a one-time inventory of all children in care longer than six months.

The law as implemented has had a number of positive consequences, the most widely acclaimed of which may be the opportunities created for subsidized adoption of special needs children. In addition, the Act has had the effect of ensuring more careful administrative and judicial review of the actions of child welfare agencies; of focusing increased attention on the need for permanency planning for children in foster care; and of creating a strong impetus for development of preventive and after-care services at the state and local levels.

But it is also clear that P.L. 96-272 has not achieved many of the benefits originally anticipated. One reason is that the frightening increase in the rates of poverty, homelessness, and maternal substance abuse among families with children has multiplied almost exponentially both the number of cases coming to the attention of child welfare authorities today and the severity of the problems they are presenting. Similarly, the emergence of HIV infection among increasing numbers of low-income parents and children has created a tremendous new burden for child welfare agencies. Another important reason for the failed expectation of P.L. 96-272 is that this law has been implemented during a period of sharply decreased funding for social programs, in general, and diminished federal leadership and oversight of child welfare activities, in particular. Third, since FY 1981 the Congressional appropriation for Title IV-B has never matched the authorization. As a consequence, the conditional ceiling on federal funding for foster care under Title IV-E has not been reached, and the mandate for states to implement placement prevention programs could not be enforced.

Finally, it has become increasingly obvious to many observers that P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980, did not go far enough in attempting to restructure the child welfare system—and that some of the underlying assumptions of this legislation may be erroneous.

C. Today's Child Welfare System

Child welfare services have evolved as the primary responsibility of the states, and state statutes, regulations, and court decisions govern the operations of child welfare agencies in each locality. As a consequence, important differences exist among the states regarding such matters as the criteria for intervention in family life and the availability of preventive service programs. Despite these differences, the federal government sets policy and influences its implementation by making funding available for selected programs, by issuing regulations, by monitoring the expenditure of federal funds, and by carrying out general oversight responsibilities. Federal funding currently contributes an estimated 42.6 percent of the total costs of child welfare services—based on a 31-state survey in FY 1990 (*Foster Care, Adoption Assistance. . .*, 1990:91).

The primary sources of federal funding for child welfare services derive currently from the Child Abuse Prevention and Treatment Act; Title IV-B and Title IV-E of the Social Security Act as amended by the Adoption Assistance and Child Welfare Act of 1980; and Title XX of the Social Security Act (Social Services Block Grant). The distinction between these first two acts, which are under the oversight of different Congressional committees, contributes heavily to the continued separation between child protective and other child welfare services.

Appendix A provides a brief summary description of the various federal child welfare funding programs. Table 1 on page 38 summarizes the selected funding characteristics of these programs and their recent funding levels.

Child Protective Services

It would be reassuring to think that Little Robert's case is an exception, but unfortunately it is not. Although the child welfare system is able to help many families and children, especially when services are in place before problems become so severe, many children like Little Robert simply fall through the cracks. This is not difficult to understand when one considers that as a consequence of the increased child abuse reporting, state and local child welfare agencies are now overwhelmed by their responsibility for conducting child protective investigations. As Kamerman and Kahn stated in their report of a recent national study of children's services: "Child protective services today constitute the core public child and family services, the fulcrum and sometimes, in some places, the totality of the system" (1989:10). Nationally, only about 42 percent of the reported cases are substantiated (Videka-Sherman, 1991: 347), but enormous energy and resources go into the investigatory process and a high proportion of unsubstantiated cases involve children and families in serious need of other types of services.

Equally disturbing is the fact that many maltreated children never come to the attention of child welfare authorities. As demonstrated in the 1986 National Incidence Study, only an estimated 35 percent of children known to be harmed during that year were actually investigated by child protective services (Sedlak, 1991: 13). There are large numbers of children unknown to the child protection system who have already suffered demonstrable harm due to abuse or neglect. Table 2 on page 40 presents data from the 1980 and 1986 National Incidence Studies indicating the numbers of children estimated to be

Table 1. Selected Funding Characteristics and Federal Funding Levels for Programs Affecting Child Welfare

Program	Entitlement Status	Match Requirement	Funding Type	Funding Level (In millions) FY '81	FY '84	FY '89
Social Services Block Grant (Title XX)	Yes (to states)	No	Appropriations	3,000[a]	2,700	2,700
Child Welfare Services (Title IV-B)	No	Yes	Appropriations	175	175	258
Foster Care (Title IV-E)	Yes	Yes	Expenditures	304	442	1,023*
Independent Living (Title IV-E)	Yes	No	Appropriations	NA	NA	45
Adoption Assistance (Title IV-E)	Yes	Yes	Expenditures	1 (6 states participating)	27	112*
Adoption Opportunities	No	No	Appropriations	5	2	6
Child Abuse Grants	No	No	Appropriations	23	16	25
Child Abuse Challenge Grants	No	Yes	Appropriations	NA	NA	5
Dept. of Defense Family Advocacy	No	NA	Appropriations	NA	8	16
Indian Child Welfare Assistance (Foster Care)	No	No	Appropriations	14	15	15
Indian Child Welfare Services	No	No	Appropriations	9	9	9

* Estimated

[a] Combined funding for predecessor categorical programs combined to form block grant

Source: *Federal Programs Affecting Children and Their Families.* Select Committee on Children, Youth and Families, 101st Congress, 2nd Session. Washington, DC: U. S. Government Printing Office, 1990, Tables 2 and 3.

harmed (and in 1986, endangered) by the type and severity of maltreatment. The numbers are sobering, especially in view of what is known about the consequences of child and adolescent maltreatment. To illustrate, Daro has summarized the findings of the national clinical evaluation study (Berkeley Planning Associates, June 1985) related to abused children under 13 who required treatment for specific health or emotional difficulties:

- Approximately 30% of the abused children had chronic health problems.
- Approximately 30% of the abused children had some type of cognitive or language disorder.
- Over one-half of the abused children had such socioemotional problems as low self-esteem, lack of trust, low frustration tolerance, and poor relationships with their parents.
- Approximately 14% of the abused children exhibited self-mutilative or other self-destructive behaviors.
- Over one-half of the abused children had difficulty in school, including poor attendance and misconduct.
- Over 22% of the abused children had learning disorders requiring special education services (Daro, 1988:154).

Daro also points out that the maltreated adolescents included in the study demonstrated an even wider range of problems and severe disorders than the younger group. This suggests that the difficulties experienced by these children may intensify with time (Daro, 1988:154). Findings such as these highlight the need for continued reform of child protective services.

Foster Care Services*

The available data on children in foster care are equally disturbing. As discussed previously, after a gradual decline in the foster care population starting in 1978, the number of children in foster care began to rise rapidly after 1985, reflecting a 49.1 percent increase over the past five years alone. Moreover, the 407,000 children in foster care at the end of FY 1990 represents a single day count. The actual number in care during the course of this year was 617,000 (Tatara, 1991:3).

The recent increase in the foster care population can be attributed to a number of factors including a rise in the total child population; increased child abuse reporting; problems of poverty, homelessness, maternal drug abuse, and HIV infection; decreasing discharge rates; and increased readmissions to care.

The impact of increasing poverty and associated social problems on the foster care population in large urban areas is profound. Nearly two out of three children in foster care in the country now come from one of the ten largest states (Tatara, 1991:4). And a recent study of black children in five major cities found that parental substance abuse was present in 36 percent of the cases; inadequate housing in 30 percent; poverty, 25 percent; and homelessness, 11 percent (National Black Child Development Institute, 1989:36).

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* Most of the material in this section was presented in McGowan and Stutz, 1991.

Table 2. Overview of the Distribution of Child Abuse and Neglect in 1980 and 1986.[a]

Type of Maltreatment	*Harm Standard 1980* Total N	*Harm Standard 1980* Rate per 1,000 Children	*Harm Standard 1986* Total N	*Harm Standard 1986* Rate per 1,000 Children	*Endangerment Standard 1986* Total N	*Endangerment Standard 1986* Rate per 1,000 Children
ALL MALTREATMENT*	625,100	9.80	931,000	14.78	1,424,400	22.61
ALL ABUSE*	336,600	5.28	507,700	8.06	590,800	9.38
Physical*	199,100	3.12	269,700	4.28	311,500	4.95
Sexual*	42,900	0.67	119,200	1.89	133,600	2.12
Emotional	132,700	2.08	155,200	2.46	188,100	2.99
ALL NEGLECT	315,400	4.95	474,800	7.54	917,200	14.56
Physical	103,600	1.62	167,800	2.66	507,700	8.06
Emotional	56,900	0.89	49,200	0.78	203,000	3.22
Educational	174,000	2.73	284,800	4.52	285,900	4.54
SEVERITY OF HARM[b]						
Fatal	1,000	0.02	1,100	0.02	1,100	0.02
Serious	131,200	2.06	141,700	2.25	143,300	2.27
Moderate*	393,400	6.17	682,700	10.84	873,100	13.86
Inferred	97,500	1.53	105,500	1.67	152,800	2.43
Endangered**					254,000	4.03

[a] This table includes children in every applicable row. Those who had multiple types of maltreatment make the columns add to more than the subtotals and totals shown.

[b] In 1980, 2,000 children had injury/impairment of unknown severity.

* The difference between 1980 and 1986 is significant at $p < .05$.

** Not accountable under the Harm Standard.

Source: Sedlak, A., 1991.

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All children in foster care are children at risk almost by definition. They generally come from low-income families with a high incidence of socioeconomic, physical, and emotional problems. They have frequently been exposed to repeated physical and sexual abuse and/or neglect. Many display serious developmental delays and behavioral problems. Compounding these disadvantages is the fact that these children have all been exposed to the trauma of at least one separation from a parent or a parent figure, and frequently more. Consequently they often live in a state of limbo, uncertain about who is going to be caring for them or where they will live in the future.

In view of these enormous stresses, it is not surprising that former foster children tend to be over-represented among runaways, prisoners, welfare recipients, and other "problem" groups. What is more remarkable is that repeated research has demonstrated that most current and former foster children function quite adequately, especially if they are compared to others from similarly troubled backgrounds. (See, for example, Fanshel and Shinn 1978, and Festinger, 1985; or Kadushin and Martin 1988, and Maluccio and Fein, 1985, for reviews of relevant research.)

Most of the research on the impact of foster care, however, was conducted on children who were in placement prior to passage of the Adoption Assistance and Child Welfare Act of 1980. In the 1980s child welfare agencies responded to the permanency planning mandates in this reform initiative by making a strong effort to reunite children with their biological parents or to place them in adoptive families as quickly as possible—rather than allowing them to grow up in foster care. This trend has posed some difficult questions about the comparative impact of alternative placement outcomes. Several recent reviews of research on this topic have concluded that family reunification is not necessarily a permanent plan. Recidivism, or replacement in foster care, has increased along with increased efforts to achieve early discharge (Rzepnicki, 1987), and it now occurs in approximately one-third of all cases. Moreover, as Barth and Berry (1987:82) have concluded: "Of all placement options, ... reunification with birth families, as it presently operates, fails most often to be free from abuse and to yield developmental well-being." These findings point to the fact that former foster children who are reunited with their biological families continue to be very much at risk and in need of ongoing services.

Unfortunately, because of the historic tendency to treat foster children as a unitary population, relatively little is known about the specific risks of various subgroups in care. The findings from a recent longitudinal study of children in long-term foster care in a large, voluntary agency provide some basis for beginning to identify subgroups that may be at particular risk. The authors (Fanshel, Finch, and Grundy, 1990) found that the more volatility that children who entered care in this agency had experienced in their prior living arrangements (number of placements, number of foster parents, number of returns to birth parents), the more hostile and oppositional they were at intake. Moreover, the degree of children's hostility at entry was the best predictor of their adjustment in care, and this, in turn, was the best predictor of their condition at discharge and subsequent adult adjustment. Few of children's other experiences prior to placement added additional explanatory power. This finding raises serious questions about the current practice of searching endlessly for a permanency plan for children who are unlikely to be returned home or placed successfully for adoption, and it suggests instead that efforts should be directed toward stabilizing such children in long-term foster care.

Another longitudinal study by Goerge (1990) of a representative sample of almost 1,200 foster children in Illinois lends strong support to this analysis. He discovered that almost 60 percent of

children experience unstable placement histories, and that the probability of rapid reunification decreases as children experience more placements. Goerge also found that the reason for placement was related to the probability of reunification. Although children who are placed in foster care because of their own behavior difficulties are more likely to be moved from one placement to another, their probability of being reunited with their parents does not decrease over time, as it does for abused or neglected children. These findings again suggest that it may be possible to identify children who have a low probability of reuniting successfully with their parents and that planned long-term care should be considered a permanency planning option for these youth.

Although there are many exceptional foster parents, and the evidence that children in stable long-term placements can do well is compelling, the poor quality of some foster care services has made child welfare experts reluctant to accept the concept of long-term foster care as a viable option. This attitude could be altered by a recent decision of a federal judge in a class action case in the District of Columbia, *Lashawn A. v. Dixon S. P.*, suggesting that the courts may now be ready to recognize children's rights to adequate care [CIV. No. 89-1754 (DC 1991)]. Paralleling the situation of children in foster care to that of persons in mental institutions, the judge ruled that children were entitled to be free from harm. His opinion concluded:

> The court views the evidence in this case as nothing less than outrageous. The District's dereliction of its responsibilities to the children in its custody is a travesty. Although these children have committed no wrong, they in effect have been punished as though they had. Based on the foregoing, the court holds that defendants have deprived the children in the District's foster care of their constitutionally protected liberty interests. . .

The remedies ordered in the case, and in parallel cases now pending in other jurisdictions, could do much to reform the quality of foster care services.

Another important recent development is the rapid expansion in kinship care, i.e. foster care by children's biological relatives. Because this is such a new trend, there are no hard data about the outcomes of these placements. And the practice of placing children with relatives raises some troubling policy questions about the meaning of permanency planning, the degree to which the state should subsidize and monitor extended family care, and the small but real potential for fiscal abuse. Clearly, it is time for more systematic study of these issues.

What is most positive about this development is that it creates an opportunity for children who cannot remain with their biological parents to live with people who are known and who are close to them, thus avoiding the terrible separation trauma experienced by children entering regular foster care. Moreover, kinship care creates an opportunity for child caring responsibilities to be shared, thus enabling children to remain in close contact with parents who may be temporarily or permanently unable to provide an adequate home for their children.

Adoptive Services

Adoption, one of the desired permanency planning outcomes mandated by the Adoption Assistance and Child Welfare Act of 1980, tends to be a much more stable plan for children who have been in foster care (Seltzer and Blocksberg, 1987). But it is an option offered to only a small proportion of the children in foster care. For example, in 1985 adoption was the goal of approximately 14 percent of the children in care, and it was the actual outcome for only 8 percent (Pierce, 1991). The numbers of children adopted through agencies today are small compared to the numbers placed in the 1960's What is impressive about the adoptive placements occurring now, however, is that about a quarter of these are placements of special needs children; and because of the availability of federal funds for adoption subsidies for these children, ongoing assistance is provided for approximately 45,000 adopted children at an annual federal cost of $189 million (Gershenson, 1991). This is a wise investment of public funds.

Two issues in adoption services continue to plague child welfare agencies. One is the few resources available to support the types of services required to prevent disruption of older-child adoptions. In a large sample study in California, Barth (1988) found a disruption rate of 10 percent in adoptions of children over the age of three. As might be expected, the likelihood of disruption was higher if the children were older, had a previous adoptive placement, had a number of problems, or were adopted by someone other than their foster parents. These findings suggest that the risks for children in foster care do not end with adoptive placement and that follow-up services are needed, especially for those most likely to re-enter foster care.

The other troubling problem is that as Coerge (1990) suggested, the specific administrative and court review procedures initiated to prevent drift in foster care sometimes delay rapid decision-making. Agencies often experience repeated delays in processing termination of parental rights petitions and in completing legal adoptions because the judicial system is a slow and deliberate decision-making body. Yet children grow up quickly, and the older they become, the lower is their probability of being adopted successfully. This suggests a need to find mechanisms to facilitate speedier judicial processing of cases in which legal adoption is the desired outcome.

Preventive Services

Some preventive service programs fall into the category that public health experts would term *primary prevention*. These are services designed for entire populations of families and children without regard to their specific risk characteristics. Some of the better-known family support and early intervention programs belong in this category.

A second group of preventive services belong in the category of what in public health terms could be labeled *secondary prevention*. These are services targeted to families identified as at high risk for child maltreatment, placement in foster care, and/or unhealthy child development. Family preservation services belong in this category, as do what are often called family-centered or home-based services. Most of the demonstration programs designed to prevent various types of child maltreatment are also secondary prevention services.

The third group of preventive services operate at the level of *tertiary prevention*, meaning that they are targeted to families in which abuse, neglect, or child placement has already occurred and the objective is to prevent recurrence. Most public child welfare service provisions and most specialized child abuse treatment programs belong in this category because they are offered to families only after demonstrable harm has occurred. Although titled prevention, they are essentially rehabilitative in nature.

Much less systematic information is available about this general cluster of services than about child protective and substitute care provisions. One reason is that although these relatively new services share some broadly-defined goals related to the prevention of family and child dysfunctioning, their objectives, functions, and target populations vary. They cannot be counted or evaluated as a unitary phenomenon. The other reason for this lack of systematic national data is that preventive services evolved primarily from state, local, and voluntary agency initiatives, and the programs vary considerably from one location to another even when they share similar labels and objectives. Although the 1980 Adoption Assistance and Child Welfare Act mandates "reasonable efforts" to maintain children in their own homes, there is no federal preventive services program, no significant federal funding targeted specifically to preventive services, and no federal oversight of these services. As a consequence, states have developed their own programs and created their own funding mechanisms for these services. Some draw on diverse sources of federal funds; others fund these programs totally out of state, local, and private monies. Some states have emphasized provision of preventive services as a public policy priority. Others offer few, if any, such services.

The National Resource Center on Family Based Services conducted an exploratory survey from October 1989 to 1990 to assess the extent to which states had implemented legislation, policies, and programs aimed at placement prevention and family reunification services. Twenty-three of the 37 states that responded (63.9 percent) had passed some state legislation related to delivery of these services. The initiation and administration of the services varied from state to state. The state agency assumed primary responsibility in some areas, while county or district agencies assumed it in others, and private agencies in some. When the respondents were asked to indicate what proportion of their states currently had placement prevention or family reunification services, the mean estimate was 76.4 percent (N=31). It is difficult to know how to interpret this response, however, since the mean total budget for these programs (N=23) was only $3.8 million (excluding New York where the total expenditure of $91.9 million was seven times larger than the next largest total). The respondents were generally favorable about these programs; and service availability was said to be expanding in most states. A finding that should be of particular interest to policymakers was the association between the passage of state legislation (for placement and prevention services) and the greater availability of services and more funding for such services (Tyler, 1990).

The only significant federal child welfare funds that can be used directly for preventive services derive from Title IV-B, Child Welfare Services Program, for which $274 million was appropriated in FY 1991. No data are available about the proportion of these funds used for preventive services versus other types of services, but it is known to be small. And if even this total amount is compared with the $2.3 billion appropriated for foster care during the same year (Horn, 1991), it is clear that the federal investment in preventive services is minor.

Two types of preventive services that have attracted considerable attention and excitement during the past decade are *family support programs* and *family preservation services*. The former is a primary prevention strategy, and the latter is a secondary or sometimes tertiary prevention approach.

Family support programs are characterized in some ways by their diversity, but they are linked in a loose social movement by their common goals. As defined by two of the leading proponents of this service approach:

> Stated most simply, the goals of family support programs focus on enhancing the capacity of parents in their child rearing roles; creating settings in which parents are empowered to act on their own behalf and become advocates for change; and providing a community resource for parents (Weissbourd and Kagan, 1989:21).

These program goals are usually achieved by some combination of parent education and support groups, parent-child development activities, informal parent drop-in centers, home visits, information and referral services, child health programs, and child care programs. The programs generally emphasize intervention early in the family life cycle, attempt to build on family strengths, and employ an ecological approach to service delivery that suggests the child must be understood in the context of the family and the community (Weissbourd and Kagan, 1989).

Some of the family support programs are grass roots initiatives, some are university-based, and some have evolved with support from foundations and established social agencies. Most seem loosely related to the Head Start initiative, and all share an interest in child and parent education. A primary premise is that all families need a range of supports that have been traditionally provided informally by friends, relatives, and neighbors. Because of recent social and demographic changes, however, such informal supports must now be provided through organized program initiatives.

The Family Resource Coalition in Chicago serves as a clearinghouse for this movement, providing information, training, and technical assistance for over 2000 family support programs. Funding for these programs is uncertain, with many of them relying on a combination of private monies, foundations, grants, university research grants, and limited state funding. No federal funding for family support programs exists other than what might be obtained through research and demonstration project grants.* Traditionally these programs have been more closely tied to the field of education and early childhood development than to child welfare, but The Annie E. Casey Foundation is now funding large-scale initiatives in three states that make systematic links between family support and child welfare services. Other states are also launching various types of family support programs.

Although family preservation services share some of the same value premises—related to the importance of building on family strengths and dealing with families as equal partners in the helping process, the service objectives are different. Moreover, family support programs are by definition open to working with all families (Zigler and Black, 1989), whereas family preservation services are carefully targeted by design to families that meet specific high risk criteria.

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* A Family Resource and Support Grant Program was authorized in 1990 as part of the Claude Pepper Young Americans Act, but no funding has been appropriated for this program as yet.

The best known of the family preservation services programs is the Homebuilders program, established in Tacoma, Washington, in 1974. Over 30 states now offer some services modeled loosely on this program and eleven have major family preservation initiatives (Forsythe, 1991). The rapid expansion of these programs has been greatly facilitated by the leadership and investments of the Edna McConnell Clark Foundation.

Intensive family preservation services are short-term, immediate response, in-home services offered to families in which children are defined as at imminent risk of placement. Workers carry small caseloads, permitting them to spend extensive time with each family during what is often defined as a crisis period. The focus is the family unit, with strong emphasis on the development of parenting and communication skills. Workers also provide a range of concrete and supportive services while attempting to teach families how to obtain needed resources for themselves. The goal is to avert placement while ensuring the child's safety by enabling families to achieve enough stability to function independently.

Early evaluations of family preservation services were very promising. For example, in the Homebuilders programs, placement has been avoided in 85 percent of the cases one year after receiving service (Forsythe, 1991). Recent, more sophisticated studies have raised questions about some of the early findings because (1) controlled experimental designs indicate that many of these children would probably never have entered placement even if their families had received no services; and (2) prevention of placement may not always be the most desirable objective from the perspective of child and family functioning (see Biegal and Wells, 1991 and Schuerman, 1991, for further discussion of these issues). Despite these caveats, sufficient evidence exists concerning the value of these services for family functioning to warrant continued experimentation and more elaborate large-scale research, which is currently in process.

The results of evaluation of other types of preventive services also tend to be positive if not overly enthusiastic. (See, for example, Nelsen, et. al, 1990; Olds, et. al, 1988; Fanshel et. al, 1990; Jones, Magura, and Shyne, 1981; Videka-Sherman, 1991; Layzer, 1991.) Any attempt to generalize the results of studies of different types of services for different populations poses a risk of oversimplification. However, the themes that emerge from various evaluations of preventive service initiatives seem worth identifying. First, it is evident that "good" services can make an important contribution to reducing the risk of child maltreatment, preventing placement, and enhancing family functioning. It is also clear that although preventive services can help solve family problems, such services alone cannot transform families beleaguered by the multiple disadvantages associated with poverty: unemployment, poor health, inadequate education, and substandard housing. As Fanshel et al noted when commenting on the capacity of a preventive program to resolve many of the problems its clients present: Such relief "is not a magic and powerful solution for all problems facing the family and does not put an end to its general vulnerability. It can, however, permit the continuity of parental functioning for some time and spare the family break-up that seems immediately threatening." (1990:5) More dramatic improvements in family functioning will require societal changes that lie far beyond the province of child welfare agencies.

Successful preventive programs offer a range of services aimed at both parents and children. They emphasize parent education and child development activities, as well as family counseling and provision of concrete services. These programs are generally flexible and nonstigmatizing, they engage

in extensive outreach, and they cross traditional agency and service system boundaries when necessary in order to meet client need. They emphasize parent-child interaction in a community context, and they often stress the concept of family empowerment. Perhaps most important from a policy perceptive is the evidence that the more effective programs tend to be those that intervene early in the family life cycle, before difficulties in family functioning can become solidified and before state intervention is mandated.

Unfortunately, despite this evidence the core child welfare service providers seem to be moving further away from the concept of early intervention, probably because this service system has become so preoccupied with handling its responsibilities for child protection. As Kamerman and Kahn reported in their national study:

> A repeated theme in state after state, county after county, is that the social services system has become so constricted that children can gain access to help only if they have been abused or severely neglected, are found delinquent, or run away. Doorways for 'less serious' or differently defined problems are closed (1989:iv).

The issue of targeting is one of the key policy dilemmas related to the delivery of preventive services. It would probably not be harmful to offer such services to families in which there is no risk of child maltreatment and/or foster placement, but given limited resources it seems appropriate to target services to families in which children are clearly at risk. Unfortunately, it is difficult to specify the populations that may be at risk for either of these occurrences. These are not unitary groups, nor is child maltreatment a unitary phenomenon. Child abuse and neglect occur across all social classes, ethnic groups, family structures, ages, child and parent handicaps and behavior problems. Table 3 on page 44 lists all of the factors that various research studies identified as contributing to child maltreatment. The inherent difficulty with such a compilation, of course, is that it is so inclusive. All of the variables identified can also be observed in family situations in which there is no maltreatment. Therefore, it is almost impossible to target services to families in which children are specifically at risk of abuse or neglect.

What is known on the basis of a comprehensive analysis of data from the 1986 National Incidence Study is that low family income is the only demographic variable consistently related to the risk of all types of child abuse and neglect (Sedlak, 1991:7). Although this finding alone does not provide sufficient information to permit targeting of preventive services to those most at risk, it does lend support to the principle of targeting such services to low-income communities.

Detailed analyses of different subgroups of maltreated children suggest that child abuse and neglect result from the interaction of parent, child, socioeconomic, and situational variables. Some of the key factors in this process, in addition to poverty, have been identified as parental experiences of violence in their own childhoods; low frustration tolerance; apathy; social isolation; child health and developmental difficulties; disturbances in parent-child attachment; and inappropriate expectations of child behavior. However, it is the interaction of these variables, not any single factor, that distinguishes maltreating families from other families (Videka-Sherman, 1991:352–354). Although these research findings provide little direct guidance to policymakers and planners concerned about targeting families at high risk, they provide important leads for program design and clinical intervention. They also highlight the limits of current policies aimed at fashioning categorical, piecemeal solutions to systemic problems.

Table 3. Factors Contributing to Child Maltreatment

Characteristics of Parents	• Mental illness • Difficulty dealing with aggressive impulses • Tendency to be rigid and domineering • Lack of social skills • Low self-esteem • Depression • Substance abuse • Poor self-understanding • History of abuse as a child • Observation of physical violence as a child • Lack of attachment to the child • Adolescent parenthood • Social isolation • Inadequate household and child management skills • Lack of parenting skills • Inconsistent use of discipline • Lack of knowledge regarding child development • Sole responsibility for all parenting tasks • Inability to control anger
Characteristics of Children	• Behavioral problems/hyperactivity • Unwanted during pregnancy • Premature birth • Physical illness • Physical/developmental disabilities • Mismatched to parent's personality • Similarity of child to an adult disliked by parent
Household Characteristics	• Poverty/low income • Blended/reconstituted family • Single parenthood • Large number of children • Children less than one year apart • Chaotic family • Overcrowded or inadequate housing
Stress Factors	• Birth of a new baby • Loss of job • Divorce/separation • Death of a close friend/family member • Sudden illness/chronic health problem • Loss of housing • Sudden financial burden
Social/Cultural Factors	• Tolerance for physical punishment • Sexual stereotyping in child-rearing • Community isolation (i.e., lack of quality, local community services and limited access to other neighborhoods' service systems) • Violence in the media • Extreme notions of individual rights and family privacy

Source: Derived from Daro, D., 1988:67–68.

Conclusion

In sum, today's child welfare system is a highly categorical network of "last ditch" service programs that is dominated almost entirely by its responsibility for investigating allegations of child abuse and for providing care for children who cannot remain safely in their own homes. The system serves a very small proportion of the total child population, but the per case costs are high because help is seldom offered until problems are so severe that they cannot be resolved without massive service intervention. Although child welfare services are, at times, literally life-saving, there is widespread discontent with the overall impact of these services. An intolerably high proportion of the children entering this service system do not have the opportunity to thrive; and for some, contact with the child welfare system serves only to compound the harms they have suffered from their own parents.

Child welfare has been the object of repeated reform efforts, all of which have had some positive consequences. But ultimately, these change initiatives have all failed to have the desired impact. There are several reasons for these disappointing results. One is the persistent tension between societal concerns for parents' rights and children's rights. This ambivalence is manifested directly in the conflicting objectives of the Child Abuse Prevention and Treatment Act of 1974 and the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). The former emphasizes protection of children from parental harm; the latter is concerned with preserving the autonomy of the family (Jiminez, 1990).

Another important reason is society's ambivalence about whether it is responsible, as suggested in the introduction, for helping children to thrive or simply to survive. The public rhetoric surrounding each legislative reform effort has emphasized the former, but the funds appropriated have been sufficient only to guarantee the latter.

A third reason for the limited impact of recent reform efforts is that they have emphasized procedural rather than substantive guarantees for children and parents. The existence of an elaborate child abuse reporting and investigatory system does not insure prevention or treatment of child abuse and neglect. Similarly, careful conduct of administrative and judicial reviews of the status of children in foster care does not insure that they or their families receive the treatment and remediation required to promote healthy child development.

Fourth, the children entering the child welfare system today are those who have been failed by all of the normal institutional supports. The social, emotional, economic, and physical problems that they and their families present are often so serious that the system lacks the knowledge and the resources required to address them in a meaningful way. Yet unlike health care providers, child welfare workers are never permitted to say that this is a "terminal" case and that they are unable to help. In other words, expectations in this field are sometimes unrealistic.

Finally, there is strong evidence that poverty is closely associated with the multiple factors contributing to child maltreatment and foster placement. And poverty among families with young children has increased dramatically during the past decade. It is not surprising that the child welfare system is currently overwhelmed with increasing demands for help. What seems more surprising is that anyone would think child welfare reform could succeed without simultaneous reform of the public policies that contribute to child poverty.

D. Setting the Agenda for Reform

The convergence of recent recommendations from various commissions, advisory groups, and organizations is striking, and it suggests that this is indeed the right time for action. (See Appendix B for a listing of some of these groups.) Some of the key actions that have been widely recommended are:

1) ***The child welfare system must devote more resources to primary and secondary prevention efforts.*** All available evidence indicates that it is much easier to prevent child maltreatment and foster placement than it is to alleviate the damaging effects of these experiences on children. Moreover, preventive services are much less costly than protective and foster care services, and they have no known negative consequences. This means that preventive services could be provided at a relatively low cost to a much larger population of children at risk than at present.

   Some examples of promising prevention programs will be presented at the Congressional staff briefing. Others have been demonstrated previously. There is no shortage of potentially effective models. What they share is a commitment to strengthening parent-child interaction while ensuring that families have access to needed material resources and social supports.

   Development of the needed range of preventive services programs will, however, require an infusion of new funds. It can be assumed that the availability of adequate preventive services will ultimately reduce the costs of protective and foster care services, but such a change will require time. It is too late for preventive services to help many of the children now entering the child welfare system. For a transition period at least, Congress must be willing to appropriate more funds to add preventive service initiatives to the currently funded programs.

   Ideally, family support programs should be available in all communities, but this is probably not feasible in the current economy. Therefore, it would seem desirable to target these services to families that are most at risk. Social ills such as teen parenthood, limited education, welfare dependency, joblessness, and crime tend to cluster in poor, urban, minority communities among populations that Wilson (1987) has described as the "truly disadvantaged." There is also strong evidence that pathologies such as substance abuse, mental health problems, and child maltreatment are highly concentrated in these same communities. This suggests that preventive programs should be targeted first to families and children in low-income communities who have multiple indicators of social need.

2) ***It is essential that the child welfare system be restructured as a continuum of comprehensive service options.*** The current, highly categorical nature of service provision militates against the multifaceted interventions required to change families where there is child neglect and maltreatment. Moreover, the artificial barriers between different child welfare service programs, which are structured to meet the needs of different funding streams more than the needs of families, result in many unnecessary duplications and gaps in service.

As demonstrated earlier in Figure 5 on page 31 it is relatively easy to conceptualize a continuum of services in which children and their families could move readily from one service option to another as their needs change, and through which they could receive several types of services simultaneously. Unfortunately, this is seldom possible today because different types of services have different target populations, regulations, and funding streams. To handle these varying demands, the child welfare system generally maintains separate administrative units for different services, if not separate organizations. The result is that it can be difficult for clients to move from one service program to another or to obtain a comprehensive range of services. Yet this maneuvering is often required to effect the needed changes in family functioning.

Figure 6 on page 52 illustrates the range of potential family service needs that must be considered when a child is at risk. No single case would require all of these services, but it is important that the child welfare worker be able to provide and/or arrange any of these services as needed in order to prevent child maltreatment and/or foster placement. Similarly, a worker trying to smooth the reunification process when a child is discharged from foster care, or helping an older child adjust to a new adoptive family, must be able to offer a comprehensive range of support services.

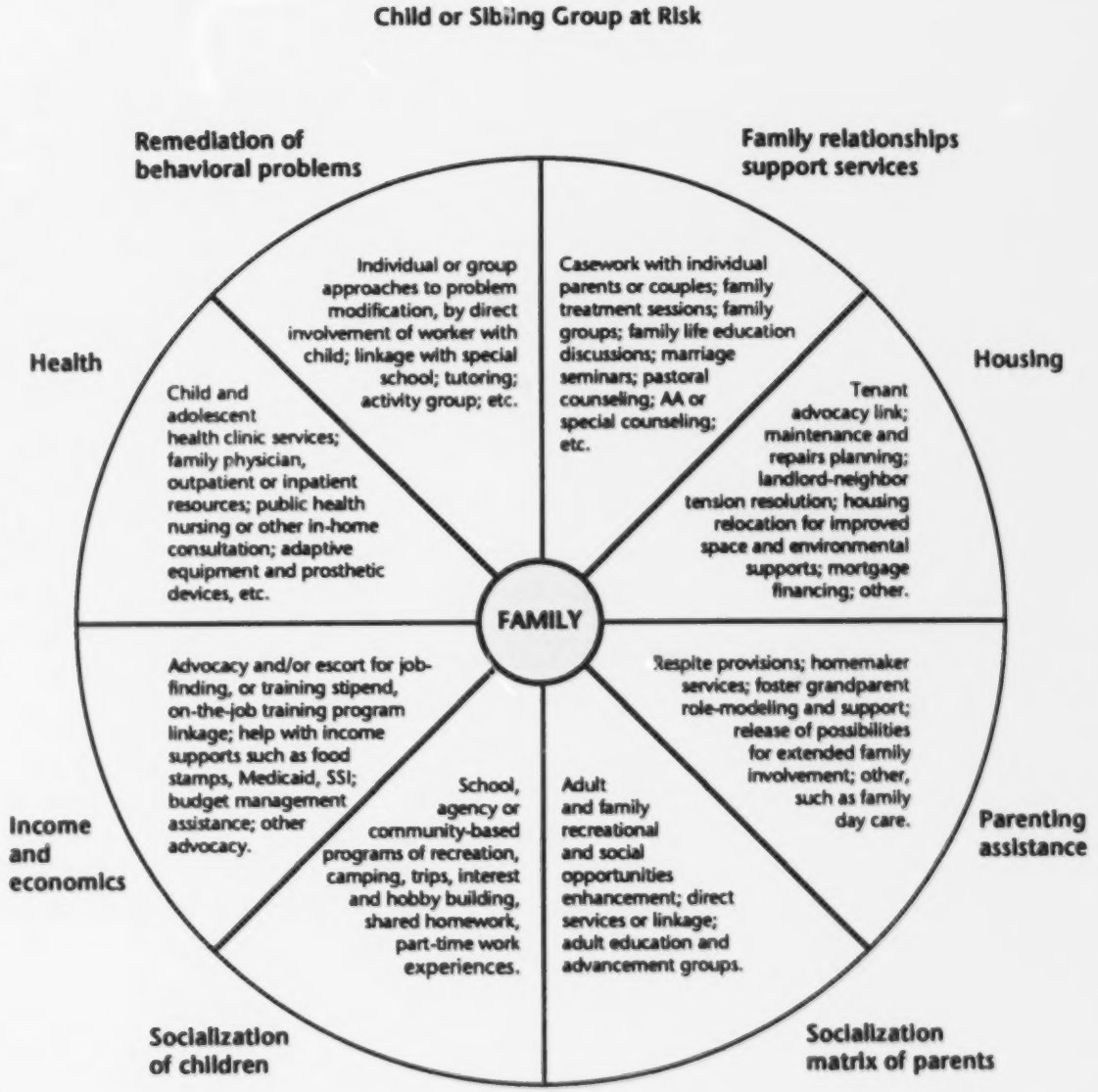
It is equally important for children in foster care and for their biological and foster families to have access to a comprehensive range of individualized services. Stable foster placements can be beneficial for children who are unable to live with their own parents, as discussed earlier. But the risks to children in foster care are high, especially when they are moved in and out of care or repeatedly shifted from one placement to another. It is essential, when children are in foster care, that services be available to alleviate the problems that perpetuated the placement, to help with the adjustment to foster care, to ensure healthy development while children are in care, to maintain biological family ties, and to structure feasible permanency planning goals and tasks.

Figure 7 on page 53 illustrates the range of potential service needs that should be considered for any child in placement. Such services can be offered most easily when they are organized and administered as part of a comprehensive continuum of care.

3) ***Changes in the organization and focus of child welfare services at the direct service level will require systematic restructuring of the administrative, regulatory, and fiscal mechanisms for the delivery of child welfare services.*** There are excellent examples of demonstration projects and of innovative voluntary and public agencies that have managed to offer comprehensive, community-based, early intervention services along the lines proposed here. However, such initiatives require exceptional leadership and initiative, and they often draw heavily on private resources. It is not realistic to think that these examples will be widely replicated in the public child welfare system without restructuring the many discrete categorical child programs currently operating at the state and federal levels.

In New York State, for example, it was recently calculated that there are at least 200 reported funding streams for children and family services (State Communities Aid Association, 1991). Many of these programs were created to fill gaps in services and to meet

Figure 6. Potential Family Service Needs of Children at Risk


Child or Sibling Group at Risk
Remediation of behavioral problems
Individual or group approaches to problem modification, by direct involvement of worker with child; linkage with special school; tutoring; activity group; etc.
Family relationships support services
Casework with individual parents or couples; family treatment sessions; family groups; family life education discussions; marriage seminars; pastoral counseling; AA or special counseling; etc.
Health
Child and adolescent health clinic services; family physician, outpatient or inpatient resources; public health nursing or other in-home consultation; adaptive equipment and prosthetic devices, etc.
Housing
Tenant advocacy link; maintenance and repairs planning; landlord-neighbor tension resolution; housing relocation for improved space and environmental supports; mortgage financing; other.
FAMILY
Income and economics
Advocacy and/or escort for job-finding, or training stipend, on-the-job training program linkage; help with income supports such as food stamps, Medicaid, SSI; budget management assistance; other advocacy.
Parenting assistance
Respite provisions; homemaker services; foster grandparent role-modeling and support; release of possibilities for extended family involvement; other, such as family day care.
Socialization of children
School, agency or community-based programs of recreation, camping, trips, interest and hobby building, shared homework, part-time work experiences.
Socialization matrix of parents
Adult and family recreational and social opportunities enhancement; direct services or linkage; adult education and advancement groups.

Source: Janchill, Sr. M. P., 1981:13.

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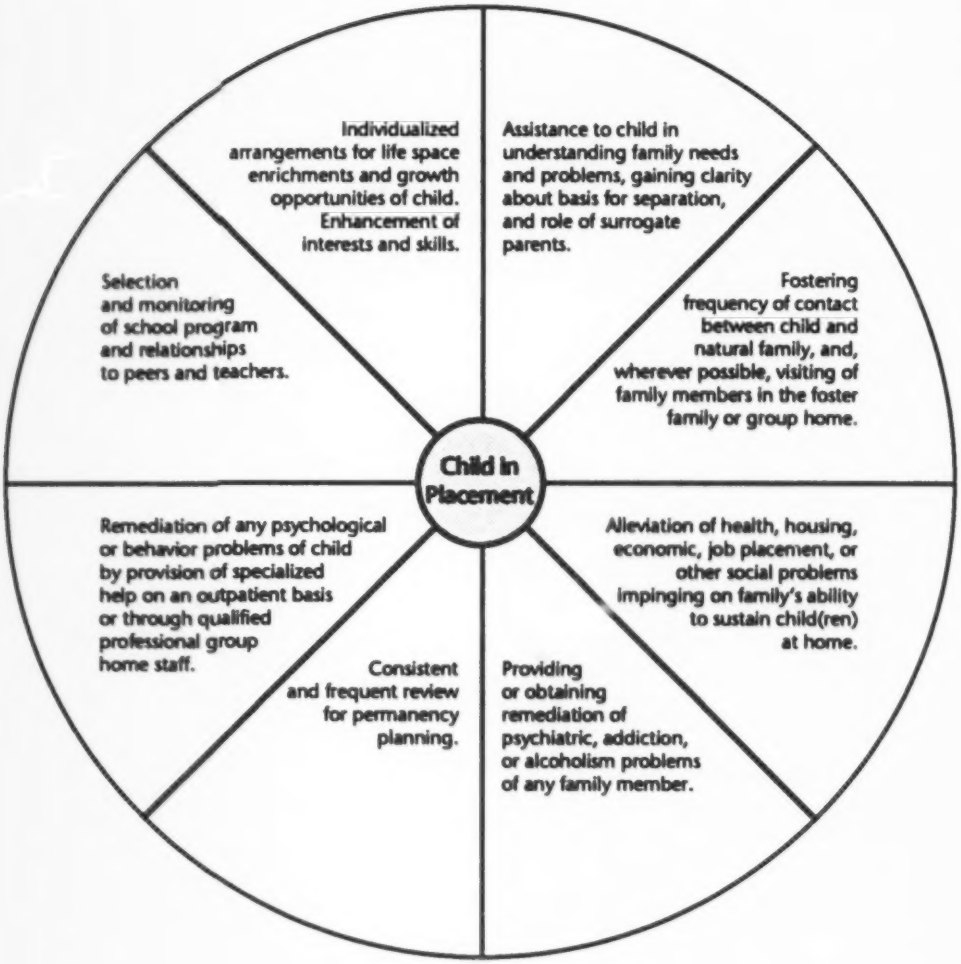
Figure 7. Service Needs of Children in Foster Care

Foster Home/Group Home Placement


Individualized arrangements for life space enrichments and growth opportunities of child. Enhancement of interests and skills.
Assistance to child in understanding family needs and problems, gaining clarity about basis for separation, and role of surrogate parents.
Selection and monitoring of school program and relationships to peers and teachers.
Fostering frequency of contact between child and natural family, and, wherever possible, visiting of family members in the foster family or group home.
Child in Placement
Remediation of any psychological or behavior problems of child by provision of specialized help on an outpatient basis or through qualified professional group home staff.
Alleviation of health, housing, economic, job placement, or other social problems impinging on family's ability to sustain child(ren) at home.
Consistent and frequent review for permanency planning.
Providing or obtaining remediation of psychiatric, addiction, or alcoholism problems of any family member.

Service Needs Assessment Example

Source: Janchill, Sr. M. P., 1981:17.

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newly identified needs. They also serve the political purpose of spreading limited funds among different interest groups. However, such band-aid efforts are ultimately counterproductive because they increase costs and create the false impression that problems are being addressed—while actually they work against comprehensive service provision.

To initiate what will be a long-term process of restructuring services, ***Congress and state legislatures must begin to consolidate multiple funding streams for similar types of service programs.*** To illustrate, the various public programs aimed at funding child abuse prevention and treatment programs could be collapsed into one program. ***Once that is accomplished, it should be possible to start consolidating funds for the total range of child and family services.*** The Department of Defense Family Advocacy Program provides an excellent illustration of the progress that can be achieved when funding for child and family services is consolidated and when program administrators become responsible for the full continuum of child welfare services.

Unfortunately, consolidation of different funding streams can be a time-consuming political process because those who benefit from discrete program funds generally oppose these efforts. ***This means that, in the interim, state and federal officials should work on revising the regulations that govern discrete programs to permit easier "packaging" of services at the community level. This can be accomplished by developing common accountability procedures and by establishing compatible eligibility criteria.*** Also, the simple provision of information regarding the availability of multiple funding streams and the offering of technical assistance to local service providers could do much to promote more comprehensive service delivery.

4) ***Increased federal funds should be invested in enabling a larger proportion of child welfare workers and supervisors to obtain the professional education required to meet the complex demands of child welfare practice today.*** The current crisis in child welfare services derives not only from the increasing number of children entering the system, but also from the severity of the problems these children and their families are presenting. Child welfare workers at the front line often lack the specialized knowledge and skills required to work effectively with parents who are homeless, mentally ill, or crack/cocaine-addicted, or to help children who are multiply handicapped, violent, or HIV-infected. Structural reorganization will mean little unless adequate numbers of trained staff are available to intervene effectively with families and children at risk.

5) ***Federal funding for meaningful research and demonstration projects must be expanded.*** Experimentation will be needed to develop service strategies that may be more effective with some of the troubling cases now coming to the attention of child welfare authorities. Even the most talented and experienced practitioners are sometimes unable to help because of a lack of knowledge in the field as a whole about how best to alleviate certain types of problem situations. Yet society cannot simply give up on the youngsters living in these situations. Instead, there must be a continued effort to expand current knowledge and technology and to disseminate the findings of such research widely.

6) ***There can be no real improvement in the quality of services without significant change at the local level. But because of the nature of the child welfare population, needed reform is unlikely to occur without strong state support and ongoing federal leadership.*** A lengthy period of experimentation with "new federalism" has resulted in a diminished federal presence in the delivery of children's services; and this approach has obviously not worked. It is true that services must ultimately be delivered at the community level.

Although increased federal funding is an essential need, this will have limited impact unless Congress and the Administration also assume a strong leadership role by:

- Making the Title IV-B appropriation equal the current authorization ($325 million in FY 1991).
- Reconciling the policy, funding, and administrative gaps between the Child Abuse Prevention and Treatment Program and the Foster Care and Child Welfare Services Programs.
- Appropriating significant new funds for delivery of comprehensive primary and secondary prevention services.
- Setting and maintaining standards for service delivery across a continuum of care.
- Gathering and disseminating systematic national data about the needs of children and families at risk, the range and types of services actually provided, and public investments in child welfare services.
- Investing heavily in knowledge and staff development.
- Educating the general public more widely about the problems confronting children and families today and the policies and programs that must be supported to turn these problems around.

As a final note, the child welfare system can and must be restructured, but such reform will not eliminate the social problems that create the need for child welfare services. Nor can a renewal of this service system resolve the historic tensions between parents' and children's rights and between family and public responsibilities. Ambiguities in family and community life are inevitable—and may, in fact, be constructive.

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Appendix A. Federal Legislative Framework for Service Provision

The material presented in this section relies almost entirely on the data presented in the volume: Federal Programs Affecting Children and Their Families, 1990, Select Committee on Children, Youth and Families, Washington, DC: U.S. Government Printing Office, 1990; and Wade Horn's paper, "State and Federal Operations and Expenditures," presented at the American Enterprise Institute Conference on Child Welfare Reform Experiments, Washington, DC, February 20, 1991.

Social Services Block Grant. Authorized under Title XX, block grants are provided to states for activities that the states identify as appropriate social services. These may include activities such as day care, homemaker services, information and referral, family counseling and protective services for children and adults. *There are no federal eligibility requirements for participants and no federal matching requirements.* Funding allocations are based on population size. Fiscal Year 1991appropriation was $2.7 billion.

Child Welfare Services. Authorized under Title IV-B, funding is provided to states for direct child welfare services including protective services, preventive services, foster care, and adoption. *This is a 75 percent federal matching program, although all states spend much more than the 25 match for their child welfare services.* Also authorized under this act are grants to universities, public agencies, and voluntary organizations for research and demonstration projects. Special resource centers that provide assistance to states and child welfare organizations are funded under the research and demonstration program, which has no matching requirement. All states receive a base amount of $70,000 plus a share of the total amount appropriated based on the state population under age 21 and the per capita income. *All states are eligible to receive a share of the first $141 million appropriated, but only those that have implemented the protections contained in Section 427 of the Act are eligible to receive a share of any amount appropriated above this.* FY 1991 appropriation was $273.9 million.

Foster Care. Authorized under Title IV-E, this program provides matching funds to states for maintenance payments for AFDC-eligible children in foster care if the placement meets specified conditions. The program also provides funds to assist with administrative costs, and with staff and foster parent training. The program is structured to provide incentives to states to limit entrance to foster care and to engage in routine case review and permanency planning for those in placement. *As an open-ended entitlement, the program's matching rate for foster care expenses is based on the state's Medicaid match rate.* State administrative expenses are paid at a 50 percent match rate, and training expenses at 75 percent. FY 1991 appropriation was $2.3 billion including $520.9 million for prior year claims.

Independent Living. Authorized under Title IV-E, this program enacted in 1986 provides funds to help states offer services designed to help foster children aged 16 or over make the transition to independent living. Such services could include vocational training, counseling, educational assistance, and training in daily living skills. Initially each state was entitled to receive its share of the $45 million appropriation based on its proportion of the FY 1984 national AFDC foster care caseload. *Starting in FY 1991 states are required to provide a 50 percent match for funds received in excess of their share of the $45 million appropriation.*

Adoption Assistance. Also authorized under Title IV-E, this entitlement program provides funds for adoption subsidies to families who adopt AFDC eligible children with special needs or those who are SSI eligible. Designed to facilitate adoption of hard-to-place children, i.e., those who are ethnic minority, older, members of a sibling group, or have a physical or mental handicap. The program permits the states to set individual assistance levels as long as they do not exceed comparable foster care payment rates. Payment rates can be adjusted, based on changed circumstances, or they can be continued until the child reaches majority. *This is a matching program in which the rate is based on the state's Medicaid match rate.* FY 1991 appropriations were $189.11 million.

Adoption Opportunities. Authorized under the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, *this is a discretionary program* that funds special projects designed to encourage adoption of children considered hard to place. Major program foci include a national adoption exchange, technical assistance to state and local agencies, and provision of information to people interested in adopting special needs children. FY 1991 appropriation was $12.6 million.

Child Abuse Grants. Authorized under the Child Abuse Prevention and Treatment Act, as amended, *this program funds three state grant programs*: (1) a formula grant program designed to help states develop and implement child abuse prevention and treatment programs; (2) a program to help states develop and operate programs for responding to reports of medical neglect of infants and children with life-threatening conditions; and (3) a program initiated in 1986 to help states improve the handling and prosecution of child abuse cases, especially those involving sexual abuse. *Eligibility for these state grants is dependent on the state's compliance with specified criteria regarding reporting and investigation of suspected abuse cases.* Also, states must now have programs in place for responding to reports of medical neglect to be eligible for the other state grants. *Grants are allocated on the basis of the child population under 18 in each state as well as specific criteria related to the type of grant.*

The Child Abuse Program is also authorized to award competitive grants for research and development projects and for training and technical assistance projects related to medical neglect.

The authorizing legislation for these programs mandated establishment of the National Center on Child Abuse and Neglect, which administers the programs and collects and disseminates information on child abuse and neglect. Total authorization for these programs in FY 1991 was $25.1 million including $11.5 million for the state grants, and $14.6 million for research and development.

Child Abuse Challenge Grants. Also authorized under the Child Abuse Prevention and Treatment Act, this formula grant program is designed to encourage states to maintain trust funds or other funding mechanisms to support child abuse and neglect prevention activities. *Eligibility for these grants requires the state to have established or maintained a trust fund or other funding mechanism in the preceding year.* FY 1991 appropriation was $5.3 million.

Emergency Child Abuse Prevention Services. Also authorized under the Child Abuse Prevention and Treatment Act, this is a new grant program initiated in FY 1991 to improve the delivery of services to children whose parents are substance abusers. The emphasis is on children seriously neglected by crack/cocaine-abusing parents. FY 1991 was $19.5 million.

Temporary Child Care and Crisis Nurseries. Authorized under the Children's Justice and Assistance Act of 1986, *this program provides state demonstration grants* to help agencies offer temporary nonmedical care for children with special needs in order to alleviate family stress and to provide crisis nurseries for children abused or neglected or at risk of such maltreatment. Individuals may receive services under this program for a maximum of 30 days in any one year. *State grantees must provide 25 percent of the project cost.* In FY 1988 32 grants were awarded (16 for each type of care). FY 1991 appropriation was $11 million.

Abandoned Infants Assistance. Authorized under the Abandoned Infants Assistance Act of 1988, *this program provides discretionary grants to public and voluntary organizations* to develop and operate projects related to the care (in home, respite, foster home, and residential) of infants and young children who are medically cleared for discharge from acute hospital settings but who lack appropriate placement alternatives. The particular emphasis in this Act is on children with AIDS. FY 1991 appropriation was $12.5 million.

Department of Defense Family Advocacy Program. Administered by each of the military services, this program was initiated in 1981 for the "prevention, identification, evaluation, treatment, follow-up and reporting" of cases of child abuse and neglect and spouse abuse among military personnel and their families. The office of Family Policy and Support in the Defense Department is responsible for policy development, program guidance, and oversight of the Family Advocacy Program. Unlike most state-administered child abuse and neglect programs, this program emphasizes prevention, education, and service, not simply reporting and investigation. In FY 1988 there were 1.1 million children eligible for participation in the program and 9,378 substantiated cases of child abuse. The appropriation for that same fiscal year was $14.8 million.

Indian Child Welfare Services. Authorized by the Indian Child Welfare Act of 1978, this program provides grants to Indian tribes and organizations for child and family services. The grants are designed to help tribes identify and resolve child and family problems, especially those related to foster care, adoption, and child custody. Funding may be used for such needs as licensing and regulation of foster women, adoption subsidies, supportive family services, guidance and legal assistance to families involved in custody proceedings, and professional staff to assist tribal courts on child welfare matters. The program is administered by the Bureau of Indian Affairs in the Department of the Interior. FY 1989 appropriations were $8.7 million.

Indian Child Welfare Assistance. This program, authorized under the Snyder Act of 1921, provides funding to Indian tribes for foster and institutional care of children who are dependent, neglected, or handicapped. The child beneficiaries of these funds must reside on an Indian reservation, and they cannot currently be receiving any other form of federal public assistance. This program is also administered by the Bureau of Indian Affairs. FY 1989 appropriations for this program were $14.8 million.

Appendix B. Organizational Resources

American Association for Protecting Children
American Humane Association
63 Inverness Drive East
Englewood, CO 80112
(303) 792-9900

American Civil Liberties Union
Children's Reports Project
132 West 43rd Street
New York, NY 10036
(212) 944-9800

American Enterprise Institute
for Public Policy Research
1150 17th Street NW
Washington, DC 20036
(202) 862-5800

American Public Welfare Association
810 First Street, NE, Suite 500
Washington, DC 20002-4267
(202) 682-0100

Annie E. Casey Foundation
One LaFayette Place
Greenwich, CT 06830
(203) 661-2773

Behavioral Sciences Institute - HOMEBUILDERS
34004 Ninth Avenue South, Suite 8
Federal Way, WA 98003
(206) 874-3630

Black Child Development Institute
1463 Rhode Island Avenue, NW
Washington, DC 20005
(202) 387-1281

Center on Children and the Law
American Bar Association
1800 M Street, NW
Washington, DC 20036
(202) 331-2250

Center for the Study of Social Policy
1250 Eye Street, Suite 503
Washington, DC 20005
(202) 371-1565

Child Welfare League of America, Inc.
440 First Street, NW, Suite 310
Washington, DC 20001
(202) 638-2952

Children's Defense Fund
122 C Street, NW, Suite 400
Washington,DC 20001
(202) 628-8787

Edna McConnell Clark Foundation
250 Park Avenue, Suite 900
New York, NY 10177-0026
(212) 986-7050

Family Resource Coalition
200 South Michigan Avenue
Chicago, IL 60604-2404
(312) 341-0900

Foundation for Child Development
345 East 46th Street
New York, NY 10017
(212) 697-3150

National Committee for Prevention of Child Abuse
332 South Michigan Avenue, Suite 950
Chicago, IL 60604
(312) 663-3520

National Commission on Children
1111 18th Street NW, Suite 810
Washington, DC 20036
(202) 254-3800

National Conference of State Legislatures
1560 Broadway, # 700
Denver, CO 80202-5140
(303) 830-2200

National Council of Juvenile and Family
Court Judges
University of Nevada
P.O. Box 8970
Reno, NV 89507
(702) 784-6737

National Governor's Association
444 N. Capitol Street
Washington, DC 20001
(202) 624-5300

National Resource Center on Family Based Services
University of Iowa
School of Social Work
N240 Oakdale Hall
Oakdale, IA 52319
(319) 335-4123

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